



NCETA

*Australia's National Research Centre
on AOD Workforce Development*

Trainers Talking Training:

An Examination of Vocational Education
and Training for the Alcohol and Other
Drugs Sector in Australia

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NCETA

The National Centre for Education and Training on Addiction is an internationally recognised research centre that works as a catalyst for change in the alcohol and other drugs (AOD) field.

Our mission is to advance the capacity of organisations and workers to respond to alcohol- and drug-related problems. Our core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations.

NCETA is based at Flinders University and is a collaboration between the University, the Australian Government Department of Health and Ageing and the SA Department of Health.

Preface

This review was undertaken by the National Centre for Education and Training on Addiction (NCETA) at Flinders University to examine aspects of alcohol and drug training courses offered through Registered Training Organisations (RTOs) within the vocational education and training (VET) sector. The review also specifically addressed issues in relation to cannabis training content.

The review is a companion document to a previous project that collated information about RTOs providing alcohol and other drugs (AOD) training in Australia:

Roche, A. M., & White, M.R. (2011). *Alcohol and Other Drug VET Qualifications and Training Providers Database*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

It also supplements earlier work undertaken by NCETA that involved a survey of AOD managers' views about VET Training:

Pidd, K., Roche, A., & Carne, A. (2010). *The Role of VET in Alcohol and Other Drugs Workforce Development*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Pidd, K., Roche, A. M., Duraisingam, V., & Carne, A. (2012). *Minimum qualifications in the Alcohol and Other Drugs field: Employers' views*. *Drug and Alcohol Review*, 31(4), 514-522.

Copies of these reports are available from NCETA in hard copy or electronically from the NCETA website at www.nceta.flinders.edu.au.

Glossary

AOD

Alcohol and other drugs.

Australian Qualifications Framework (AQF)

The national policy for regulating qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

Blended Delivery

Training which incorporates two or more modes of delivery (i.e., face-to-face, online, distance or RPL/RCC).

Certificate IV

A qualification which prepares students for both employment and further education and training. Certificate IV recognises skills and knowledge that meet nationally endorsed industry/enterprise competency standards as agreed by relevant industry, enterprise, community or professional groups. It includes preparatory access and participation skills and knowledge.

Community Services and Health Industry Skills Council (CSHISC)

The CSHISC is the recognised advisory body on skills and workforce development across Australia for the two important industries of community services and health. It has carriage of the reviews of the Community Services Training Package (CHC08) from which AOD qualifications are drawn.

Competency Standard

An industry-determined specification of performance, which sets out the skills, knowledge and attitudes required to operate effectively in employment. In vocational education and training (VET), competency standards are made up of units of competency. Competency standards are an endorsed component of a training package (source: NCVER www.ncver.edu.au).

Credit Transfer

The process that provides students with agreed and consistent credit outcomes for components of a qualification based on identified equivalence in content and learning outcomes between matched qualifications (AQFC, 2011).

Diploma

A qualification which prepares students for the self-directed application of skills and knowledge based on fundamental principles and/or complex techniques. This qualification recognises capacity for initiative and judgment across a broad range of technical and/or management functions.

Dual Qualification

A qualification which combines the skills and knowledge relevant to two separate areas. Students graduate with two qualifications instead of one.

Dual Sector University/TAFE

A training organisation that is accredited to deliver both vocational and higher education qualifications.

Elective

A unit within a qualification which relates to a particular area of knowledge or group of skills. Qualifications may or may not recommend electives or groups of electives that are recommended in order for the qualification to be awarded.

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Range Statement

Also called: Range of variables. The part of a competency standard which specifies the range of contexts and conditions to which the performance criteria apply (NCVER, 2012).

RPL/RCC

Recognition of prior learning/Recognition of current competency. A method for gaining part of, or an entire, qualification through recognition of skills and knowledge gained through formal training, work experience or other relevant life experiences.

RTO

Registered training organisation. An RTO is an organisation that is registered in accordance with the Australian Quality Training Framework (AQTF) Standards for Registered Training Organisations to provide specific vocational education and training and/or assessment services. RTOs may include TAFE institutes, private providers, community providers, schools, higher education institutions, industry organisations and enterprises.

Skill Set

Single units of competency or combinations of units of competency, drawn from a nationally endorsed Training Package, which link to a licence or regulatory requirement or a defined industry need. These units of competency can be drawn from one or more Training Packages. Nationally recognised Skill Sets are defined in Training Packages by Industry Skills Councils. RTOs can identify combinations of units of competency to meet specific industry, or enterprise needs.

Scope of Registration

The particular services and products that an RTO is registered to provide. An RTO's scope defines the specific AQF qualifications, units of competency and accredited courses it is registered to provide. It also indicates whether it is registered to provide both training delivery and assessment services, or only assessment services. It lists AQF qualifications and statements of attainment the RTO can issue (www.training.com.au).

Stand Alone Unit

A unit of competency which may be completed in isolation (rather than within the context of a broader qualification), in order to gain skills or knowledge within a particular area.

TAFE

Technical and Further Education Institute.

Training Package

A nationally endorsed, integrated set of competency standards, assessment guidelines and Australian Qualifications Framework (AQF) qualifications for a specific industry, industry sector or enterprise. Training packages specify the skills and knowledge required to perform effectively in the workplace (source: NCVER website).

Unit of Competency

A component of a competency standard. A unit of competency is a statement of a key function or role in a particular job or occupation (source: NCVER website).

VET

Vocational Education and Training.

Executive Summary

Background

In 2011, the National Centre for Education and Training on Addiction (NCETA) conducted a national survey of training providers involved in the delivery of alcohol and other drug (AOD) qualifications through Registered Training Organisations (RTOs) across Australia.

The aim of the study was to examine the content and delivery of AOD qualifications, the demand for and availability of these courses, and to develop a national database of RTOs that delivered these qualifications.

In addition, the extent to which cannabis content was addressed within these qualifications was assessed. Training providers' interest in offering input into the development of cannabis-specific training and associated resources was also ascertained.

Report Structure

Chapter 1 provides the background and rationale for the project. Chapter 2 describes the methodology. Findings from the survey are presented in Chapter 3, in Parts A, B, C and D. Respondents' demographic details are presented in Part A, with results pertaining to the provision of AOD courses presented in Part B. Findings that relate specifically to cannabis are presented separately in Part C. Part D addresses general issues in regard to AOD training. A discussion of the findings and recommendations for improving AOD training is included in Chapter 4.

Methods

The project involved a national survey of VET training providers of AOD qualifications, utilising both quantitative and qualitative measures. Participants were recruited from organisations listed on the RTO database compiled by NCETA as part of this project (Roche & White, 2011). This database included all relevant RTOs on the Australian Government's www.training.gov.au website as of 30 August 2011. Telephone interviews were conducted with CEO/owners, managers, course coordinators and trainers. Responses were analysed for demographic information and to identify key themes.

Results

A total of 49 RTO providers participated in a telephone survey (an 86% response rate). Respondents were mostly over 50 years of age (53%) and female (63%). These RTO providers offered the:

- Alcohol and other drugs Skill Set (AOD Skill Set) (33%)
- Certificate IV in Alcohol and Other Drugs Work (Cert IV (AOD)) (70%)
- Diploma of Community Services (Alcohol and other drugs) (Dip CS (AOD)) (23%)
- Diploma of Community Services (Alcohol, other drugs and mental health) (Dip CS (AOD/MH)) (31%)
- Alcohol and Other Drugs Stand Alone Units of competency (AOD Stand Alone Units) (22%).

Most training was provided by public TAFEs and concentrated in New South Wales and Victoria. Face-to-face delivery was the most common training format. Face-to-face delivery was offered for 100% of the Dip CS (AOD/MH) courses, as well as other delivery formats. Distance delivery was most prevalent for the AOD Skill Set (44%) and the Cert IV (AOD) (40%).

The availability of recognition of prior learning (RPL) also varied substantially: it was most commonly offered for the Dip CS (AOD/MH) (80%), Cert IV (AOD) (61%) and the AOD Skill Set (56%). Most RPL processes did not specifically address cannabis knowledge and skills.

Quality

Training providers identified a need to improve the standard of all qualifications delivered to the AOD field. Strategies to achieve this include:

- increased collaboration among training providers
- forums and other forms of professional development to facilitate training improvement
- better linkages between training providers and service providers
- improved training pathways and credit transfer between VET and higher education providers.

Respondents raised concerns about AOD qualifications in the Community Services Training Package¹ and supported their revision, including:

- the need to address comorbidity/mental health issues in AOD qualifications. Inclusion of at least one mental health unit of competency as a core unit in all AOD qualifications was suggested (while mental health qualifications generally included AOD units, AOD qualifications did not necessarily include mental health units or content)
- specific guidance on the amount of coverage to be given to specific drugs, including cannabis
- a reduction in generic units and an increase in AOD units included in AOD qualifications.

The calibre of the trainer was highlighted as critical to the quality of training. Respondents from rural and remote sites indicated that the unavailability of sufficiently well qualified trainers was a significant barrier to the delivery of on-scope qualifications. The quality of courses was significantly enhanced where training providers were able to access good trainers.

Trainers' Professional Development

The need for on-going professional development for trainers was highlighted. Many trainers found it difficult to access on-going professional development due to cost and time limitations. This was particularly relevant for trainers from rural and remote regions and trainers in less populous states. Access to online or distance professional development was supported.

External Presenters

External presenters were reported to make training more interesting and engaging. However, variability in access to and the quality of external speakers was highlighted. Providers commented positively on training offered by the National Cannabis Prevention and Information Centre (NCPIC).

Student Cohorts

Two distinct cohorts of students were noted. One group was pre-service, ex-clients of the system who accessed training largely for personal reasons.

The other group were higher education qualified, with relevant work experience and seeking professional development or undertaking training to meet minimum qualification requirements. Meeting the needs of both cohorts was a challenge for the training system.

Recognition of Prior Learning (RPL)

Concerns were expressed about RPL processes applied in AOD-related courses. RTOs developed and implemented their own RPL procedures. Whilst some jurisdictions had delivered RPL professional development programs, and there were guidelines in the Australian Qualifications Training Framework (AQTF), RPL remained an internal process for RTOs. It was subject to highly variable interpretation and application (Smith, 2011). Development of national AOD-specific RPL guidelines that stipulated key knowledge and skills (including cannabis-related) was endorsed.

Future Delivery

Delivery of the Cert IV (AOD) had been stable and was expected to remain so. Delivery of the Dip CS (AOD) had declined as a consequence of the introduction of the Dip CS (AOD/MH) and was expected to continue to do so, with some exceptions where barriers to the delivery of the Dip CS (AOD/MH) existed. Respondents reported interest in delivering the Dip (AOD/MH) and noted demand for this course. However, delivery may be hampered due to difficulty in recruiting trainers with appropriate mental health qualifications and experience. Delivery of the AOD Skill Set was expected to increase with future promotion by training providers and adoption by industry.

Current Cannabis Coverage

Wide differences in the coverage of cannabis in the AOD qualifications were identified. Lack of specificity in the Training Package, lack of student interest and trainers' attitudes resulted in many students completing AOD qualifications and units with little or no exposure to cannabis content. This is a cause for concern given the prevalence of cannabis use, the risk of harm associated with its use (health, social and legal) and the increasing number of clients presenting to services. Cannabis coverage in training programs and RPL processes warrant attention.

¹ Nationally accredited qualifications and units of competency are developed in Training Packages and modified through an on-going review process.

Views about Cannabis (Demand and Provision of Course Content)

Respondents saw cannabis content as very important. This was not matched by students' interest, although increases were noted. Respondents moderately agreed that their courses met students' cannabis-related training needs. Just over half (62%) supported more cannabis content in the Cert IV (AOD), Dip CS (AOD), and the Dip CS (AOD/MH).

Most respondents (>80%) were interested in assisting the development of cannabis-specific training resources. Eighty percent of respondents could identify ways to enhance cannabis coverage in the Skill Set, Cert IV (AOD) or the Dip CS AOD (AOD) and the Dip CS AOD (AOD/MH).

Resources to Support Online Cannabis Training

A need for more online resources to support the delivery of cannabis training was noted. This included online resources for trainers' professional development as well as for training students.

Recommendations

The following recommendations are made to address barriers to the delivery of quality training that meets the needs of students and employers.

General Recommendations

- Make and/or support representations to the Training Package review process undertaken by the CSHISC on:
 - the need for greater guidance on drugs that should be covered in training, including guidance on the quantum of training in relation to specific drugs, including but not limited to cannabis
 - the development of a new Cert IV (AOD/MH) to reflect the current focus on comorbidity.

- Develop an interactive register of providers of AOD qualifications, with the aim of achieving improved quality and consistency of delivery across the AOD training system, and to enable trainers and RTOs to:
 - exchange resources
 - work collaboratively on the development of training and assessment materials and RPL processes
 - share knowledge and create a platform for problem solving in relation to AOD training delivery
 - identify locally available trainers with qualifications in related areas of practice (e.g., mental health, youth work) who could assist AOD providers deliver dual/combined qualifications
 - deliver appropriate professional development for RTO trainers and associated staff.

Cannabis-Specific Recommendations

- Create and/or disseminate resources to provide trainers with essential material to teach and assess knowledge and skills in relation to cannabis. This would include materials to support face-to-face, online and distance delivery and RPL procedures
- Support professional development for RTO staff to deliver cannabis-related training
- Establish an RTO network to facilitate the sharing of research, training materials, and assessment processes (including RPL strategies) to enhance the delivery of training on drugs, especially cannabis.

The study highlighted the considerable energy and enthusiasm of many trainers and their high level of commitment to improving AOD training at an organisational and systemic level.

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1. Introduction

In 2011, the National Centre for Education and Training on Addiction (NCETA) conducted a national survey of training providers involved in the delivery of alcohol and other drugs (AOD) qualifications through Registered Training Organisations (RTOs) across Australia.

The aim of the study was to examine the content and delivery of AOD qualifications, the demand for and availability of these courses, and to develop a national database of RTOs which deliver these qualifications.

In addition, the extent to which cannabis content was addressed within these qualifications was assessed. Training providers' interest in supporting the development of cannabis-specific training and associated resources was also ascertained.

The background, rationale, methodology, results and implications of the project are presented here.

Background and Rationale

The past decade has seen growing interest in the workforce development needs of the alcohol and other drugs (AOD) sector, as well as in the provision of formal qualifications for workers in this area (Roche & Pidd, 2010). This is particularly evident in:

- the growing discussion around minimum qualifications for employees in the AOD field (Gethin, 2008; Pidd, Roche, & Carne, 2010; Pidd, Roche, Duraisingam, & Carne, 2012)

- the use of the Cert IV AOD as a minimum qualification, an initiative adopted in the Australian Capital Territory and Victoria (ACT Government Health Directorate, 2011; Petroulias, 2009; Victorian Government Department of Human Services, 2004)
- related discussions underway in other places including Tasmania (Fudge, 2011).

An appropriately skilled and qualified workforce is critical to achieving and sustaining effective responses to drug use (Ministerial Council on Drug Strategy, 2011). This in turn necessitates a high quality training system and highlights the need for appropriate and comprehensive qualifications and training courses in the AOD area.

The vocational education and training (VET) sector caters for those who may be interested in pursuing work in the AOD field but have few formal qualifications, those who wish to formalise their existing skills and those who wish to acquire further skills. It also provides a pathway for those with formal qualifications but little experience or training in relation to alcohol and drugs to enter the sector.

VET sector competency standards, assessment guidelines and AQF qualifications are contained in Training Packages. As the AOD sector sits within the community sector, AOD qualifications are developed as part of the Community Services Training Package (CHC08). These qualifications cover the knowledge and skills relevant to people who work in the AOD sector.

A large proportion of workers obtain AOD qualifications² through RTOs within the VET sector.

In order to best serve the interests of the community and to meet the needs of the workforce, it is imperative that these courses are of high quality and adequately address issues facing the AOD workforce. To date, however, there has been little examination of the content and quality of these courses. There is growing interest in ensuring that the training made available through these courses is of an appropriate standard to meet the changing needs and demands of the AOD sector (Pidd et al., 2012).

A specific issue of concern is the high degree of cannabis use within the Australian community. In Australia, cannabis is the most commonly used illicit drug, and it has a correspondingly high rate of presentations within AOD treatment settings (AIHW, 2011).

Even where the principal presenting drug is not cannabis, it is often part of the clinical profile of a large proportion of clients in the AOD treatment system and is associated with a range of potentially harmful consequences, while still largely maintaining a reputation as a 'soft' drug (McLaren, Lemon, Robins, & Mattick, 2008). As such, AOD workers are frequently faced with an array of issues related to cannabis use, and it is important that they receive sufficient training in this area to enable them to respond effectively and professionally.

Until recently, there has been scant research undertaken to examine the availability of AOD qualifications offered by RTOs across Australia, or the content and delivery of such courses (Pidd et al., 2010).

There is also little guidance within the CHC08 Community Services Training Package (CSHISC, 2012) regarding how much or what content should be delivered on cannabis. The units of competency in the Training Package do not entail any specific cannabis-related knowledge requirements (Roche & White, 2011). The extent of cannabis-related content delivered within AOD training qualifications is unknown at present.

Current Study

A national project was undertaken to address the lack of Australian research concerning AOD-relevant qualifications offered by RTOs, and secondarily, to assess the extent to which such qualifications contain training content on cannabis. It was envisaged that findings from this study would identify both strengths and weaknesses within the current VET AOD training delivery system. A further aim of the study was to identify training providers which may be interested in contributing to the development of cannabis-specific training and associated resources to facilitate development of appropriate skills, knowledge and attitudes necessary to work with clients who use cannabis.

It is anticipated that these findings will inform strategic and comprehensive improvements in AOD qualifications, and ultimately result in a more effective AOD workforce.

The project involved two distinct phases:

1. Development of a national database of RTOs that offered AOD-relevant qualifications, and
2. A survey of training providers identified from the database to obtain greater detail on:
 - types of providers
 - qualifications delivered
 - geographic coverage
 - delivery mode (face-to-face, distance, online, by recognition of prior learning/recognition of current competency (RPL/RCC³), blended delivery)
 - elective units of competency used in delivering the qualifications
 - provision of Skill Sets/Stand Alone Units
 - background and demographic profile of trainers
 - what/how cannabis-related content is delivered in training.

This report focuses on phase 2. A detailed database of RTO providers was previously published as a separate report (Roche & White, 2011).

² These qualifications comprise: CHC40408 - Certificate IV in Alcohol and Other Drugs Work, CHC50208 - Diploma of Community Services (Alcohol and other drugs), and CHC50408 - Diploma of Community Services (Alcohol, other drugs and mental health) from the CHC08.

³ RPL/RCC takes into account skills and knowledge gained through formal training, work experience, and other relevant life experiences.



2. Methodology

Research Design

The project involved a national survey of training providers, utilising both quantitative and qualitative measures. Data was collected via one-on-one telephone interviews. Responses were transcribed onto an established interview protocol template using SurveyMonkey™, a web-based survey software and questionnaire tool (www.SurveyMonkey.com). The interviews included both open-ended and categorical questions.

Sampling

Participants were recruited from organisations listed on the RTO database compiled by NCETA as part of this project (Roche & White, 2011). This database included all relevant RTOs on the Australian Government's www.training.gov.au website. An organisation was considered relevant if it offered one or more nationally accredited alcohol and other drugs qualifications on its Scope of Registration as at August 30, 2011. Of the 4889 agencies listed on the government website, 69 (1.4%) met this criteria. Contacts from these organisations were approached and invited to participate in the study.

A total of 49 RTOs agreed to participate; a response rate of 86%. Phone interviews were conducted with CEO/owners, managers, course coordinators and/or trainers involved in the delivery of relevant accredited AOD courses i.e., the Certificate IV in Alcohol and Other Drugs Work, Diploma of Community Services (Alcohol and other drugs), Diploma of Community Services (Alcohol, other drugs and mental health), the AOD Skill Set and/or AOD Stand Alone Units.

Measures

An interview protocol (see Appendix 1) was developed to examine providers' views regarding AOD course content and delivery, as well as the perceived importance of cannabis-specific content in training courses. The interview protocol contained a series of mostly closed questions which also provided the option to further extend or comment on answers. A number of questions used 5-point Likert scale response options. The survey included questions regarding:

- demographics: gender, age, location, position currently held, years of experience and qualifications
- type of training offered: Skill Set/Certificate/Diploma/Stand Alone Units
- location of training offered
- mode of delivery: face-to-face, online, distance, RPL/RCC
- proportion of students achieving some or all of their qualifications through RPL/RCC
- electives offered
- plans to deliver other types of training in the AOD field
- perceived importance of cannabis-related content in training
- student interest in learning about cannabis
- perceptions of adequacy of training.

The interview protocol was structured under seven sections:

1. Alcohol and other drugs Skill Set
2. Certificate IV in Alcohol and Other Drugs Work (CHC40408)
3. Diploma of Community Services (Alcohol and other drugs) (CHC50208)
4. Diploma of Community Services (Alcohol, other drugs and mental health) (CHC50408)
5. AOD Stand Alone Units of competency
6. Cannabis
7. Demographics.

Section 1 sought information about the AOD Skill Set drawn from the CHC08 Community Services Training Package. The AOD Skill Set was developed, as part of the CHC08, to identify the key units of competency needed by AOD workers who either had no formal qualifications or who had qualifications in generalist or non-AOD specific areas (e.g., youth, disability, housing, child welfare). Skill Set units included:

- CHCAOD402A – Work effectively in the AOD sector
- CHCAOD406D – Work with clients who are intoxicated
- CHCAOD408A – Assess needs of clients with alcohol and/or other drug issues
- CHCMH401A – Work effectively in mental health settings.

Section 2 compiled information on the delivery of the Certificate IV in Alcohol and Other Drugs Work (Cert IV (AOD)). This qualification covered workers who provided a range of services and interventions to clients with alcohol and other drug issues and/or workers who implemented health promotion and community interventions. The qualification defined the knowledge and skills for support and care workers in the community services and health sectors. It referred to the specific knowledge necessary to work with a client with alcohol and other drug issues and to provide appropriate intervention processes in residential and community settings (see Appendix 2).

Section 3 sought information on the delivery of the Diploma of Community Services (Alcohol and other drugs) (Dip CS (AOD)). This diploma requires higher level knowledge and skills than the Certificate IV, and includes training in counselling, referral, advocacy and education/health promotion. The Dip CS (AOD) was recently revised during the development of the CHC08 Community Services Training Package, and replaced the older Diploma of Alcohol and Other Drugs Work.

Section 4 addressed a new qualification introduced in the revised CHC08 Community Services Training Package - the Diploma of Community Services (Alcohol, other drugs and mental health) (Dip CS (AOD/MH)). The Dip CS (AOD/MH) integrated alcohol and other drugs and mental health units into a single qualification and was targeted at workers in both the AOD and MH sectors. This qualification was developed in recognition of the substantial number of clients with co-occurring issues related to alcohol and other drugs and mental health. It is often referred to as the dual diagnosis or comorbidity qualification.

Section 5 compiled information from respondents who provided AOD Stand Alone Units of competency from either the Cert IV (AOD) or the Dip CS (AOD). Stand Alone Units were usually delivered on a fee for service basis. They could be offered as part of a program of on-going professional development to AOD workers, to students in other qualifications who wanted or required skills and knowledge in relation to clients with AOD issues, to individuals who had a personal interest in AOD issues, or as part of a workplace training strategy.

Section 6 consolidated information and opinions from respondents on issues related to cannabis. Survey items addressed the type and extent of training on cannabis, the level of importance attached to it by respondents, perceived student interest, the most popular and/or useful units, and respondents' willingness to help improve cannabis coverage and content.

Section 7 compiled demographic information on respondents' age, length of time working in the sector, work role, length of time teaching, qualifications held, and gender.

The research team piloted the interview protocol to ensure that all questions could be easily understood and were appropriate to the aims of the project.

Procedure

Contacts from the RTO database were approached initially via letter, phone and/or email invitation, and provided with information about the project. A subsequent follow-up phone call was made to ascertain contacts' willingness to participate, or to identify other more suitably qualified participants. All those who agreed to participate in the study nominated a time and date for a telephone interview to take place, or alternatively elected to complete a hard copy of the interview proforma.

Researchers used a protocol to conduct the phone interviews, with verbal consent obtained from all participants before the interview commenced. Answers were recorded with paper-and-pencil on the survey tool (see Appendix 1) in the first instance, and then transcribed onto an electronic database. The interviews took approximately 15-30 minutes and participants were assured that they would not be individually identifiable and that their comments would not be attributed to their organisation in any subsequent reports. Participants were also informed that they could stop the interview at any time, and ask any questions they may have during the interview or after the interview had taken place.

Participants who chose to complete the survey questions in writing were provided with copies of the survey tool and given the option to either e-mail, fax or post their completed survey back to the project team. A prepaid return envelope was provided for this purpose.

Ethics

Ethics approval was obtained from Flinders University and Southern Adelaide Health Service Social and Behavioural Research Ethics Committee, approval number 5282.

Participants

At the census date of 30 August 2011, there were 69 RTOs on the training.gov.au website with one or more of the qualifications on their scope.⁴ The training.gov.au website (TGA) is the database of Vocational Education and Training in Australia. The TGA is the official national register of information on training packages, qualifications, courses, units of competency and RTOs. Only organisations listed on the TGA are recognised as RTOs registered to provide VET training.

Of the 69 RTOs on the TGA websites, nine were inactive:

- six had one or more of the AOD qualifications on scope but had not delivered any in the last 12 months and were not intending to deliver in the next 12 months and were therefore ineligible
- one RTO had ceased delivery of AOD training whilst they undertook a training review and did not expect to recommence delivery within 12 months
- two training organisations were new to the field and had included the qualification(s) on their scope but had not delivered any training to date.

A further three organisations failed to respond to any communication (i.e., initial letter, e-mails and phone calls). Hence, it was not possible to ascertain if they were still active.

An additional eight RTOs did not participate:

- two declined to participate in writing
- six interviews could not be organised within the time frame.

Hence, of the initial sampling frame of 69 organisations, 12 were deemed ineligible. This left a total of 57 eligible organisations in the sample (see Table 1). Of these, 49 RTOs (86%) participated in the survey. They were all registered RTOs with the AOD qualifications in question on scope and delivered in the past 12 months (or intended to do so).

⁴ The training.gov.au website did not identify as a defined group RTOs who only delivered the Skill Set. Approximately 180 RTOs had the four units that comprised the AOD Skill Set on their scope. However, it was not possible to identify and interview representatives from those RTOs who only provided the Skill Set in the time frame of the project.

Table 1. Sampling Frame

Sample	N
Interviews completed	49
Interview pending at cut-off date	6
Refused in writing	2
Unable to contact (no response to email or phone calls)	3*
Provided advice that whilst the qualification(s) were on scope they had not been delivered in the last 12 months and no delivery was planned for the next 12 months	6*
Provided advice that whilst qualification(s) were on scope delivery had not yet commenced and therefore they could not provide relevant data (delivery would only commence if there was demand)	2*
RTO registered but had not actively delivered any qualifications recently. Delivery of AOD qualifications unlikely in the next 12 months.	1*
Total Initial Sampling Frame	69

* Ineligible to participate

Data Management and Analysis

Responses to the interview questions were transcribed onto an electronic data-management program (SurveyMonkey™) and saved onto a secure server. The information provided by participants is presented here in an aggregated, de-identified and anonymous format.

Descriptive statistics were performed to summarise key responses and demographic characteristics of the sample. Correlations between different questions and demographics were examined for statistical significance.

Qualitative comments were transferred onto an Excel spreadsheet. Each respondent was given a unique code to enable individual responses to be tracked. The coding system was as follows. Each interviewee was allocated a respondent number (R), which corresponded with the order in which they had been entered into the spreadsheet.

In addition, a numerical code identified salient demographic details, while retaining respondent anonymity. Each interviewee was also provided with an alphabetical code which identified the provider type (TA=TAFE; Egovt=enterprise based government provider; ENG=enterprise based nongovernment; CBP=community based provider; DUTA=Dual University/TAFE provider; PO=privately owned provider; AOD/MH RTO=specialist AOD/MH based RTO). A designation of SS indicated that a provider delivered the AOD Skill Set.

Subsequent to data organisation and de-identification, the researchers undertook a process of categorising the qualitative responses. This involved identifying recurring words, phrases or ideas in responses to individual questions, and then consolidating these into categories across the entire section. Further analysis identified themes arising from the responses. These themes were in turn consolidated to identify key themes.



3. Results

Key findings from the qualitative and quantitative components of the survey are presented below in four sections - Part A, B, C and D. Respondents' demographic details are presented in Part A. Results pertaining to the provision of AOD courses in general are presented in Part B, the findings that relate specifically to cannabis are presented in Part C and general training issues are addressed in Part D.

PART A Respondents' Demographic Details

The majority of the 49 respondents were female (63%; N=30). More than half (53%) were aged 50+ years, with a further 28% aged 40-49 years. Respondents were predominately based in Victoria (37%) and New South Wales (29%), with smaller percentages from Queensland (14%), South Australia (6%), Australian Capital Territory (4%), Tasmania (4%), Western Australia (4%), and Northern Territory (2%). They were primarily trainers/educators (61%), course coordinators (41%) or RTO managers (31%). These roles were not mutually exclusive. Mean years of experience in these roles are shown in Table 2. No significant association was found between work role and years of experience.

Table 2. Respondents' Work Roles by Years of Experience

Work role	Years of experience		
	Mean	SD	N
Trainer	8.4	6.8	28
Course Coordinator	6.5	2.8	17
RTO Manager	9.3	5.9	14

In addition to their current role, respondents had previously been frontline AOD workers (82%), supervisors (56%) and/or managers (48%), and 30% had experience as an AOD volunteer.

All respondents had formal qualifications (see Figure 1). The most common qualification was a TAFE Cert IV (72%)⁵. Approximately half the respondents held a non-AOD diploma (51%), of these 20% held a generic Diploma of Community Services, which may have included some AOD units. A further 26% held an undergraduate diploma.

The most common AOD qualifications were the Cert IV (AOD) (34%), Dip CS (AOD) (28%) and Dip CS (AOD/MH) (9%). Over two thirds of respondents held a Bachelor's degree (68%) and 55% a postgraduate qualification.

Respondents were employed by six different types of RTO providers: TAFE (43%), privately operated education and training business or centre (22%), non-government enterprise (16%), government enterprise (6%), community based adult education provider (6%), mental health or AOD specific RTO (2%), or other entity (6%) (all 'other' respondents were dual sector university/TAFEs).

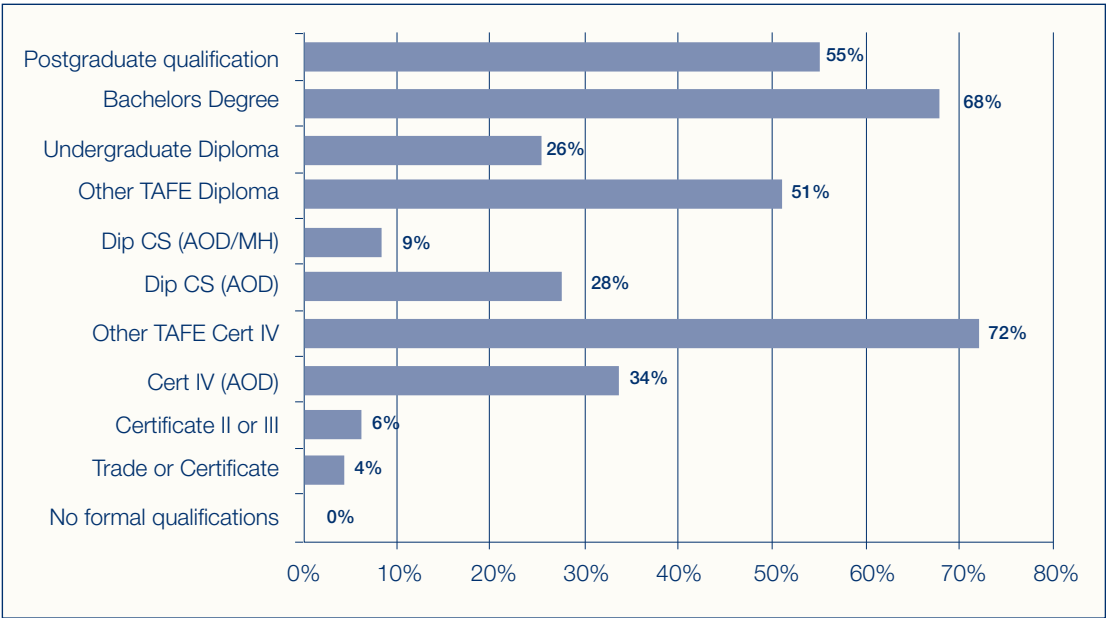


Figure 1. Qualifications Held by RTO Respondents

⁵ A Certificate IV in Training and Assessment (TAE40110) or its equivalent is a mandatory qualification for VET trainers, and 28% of this sample appeared not to hold this qualification.

PART B Delivery of AOD Training

The survey elicited information specific to each of the three nationally accredited AOD courses: Cert IV (AOD); Dip CS (AOD); and Dip CS (AOD/MH); and in addition, the AOD Skill Set and Stand Alone Units. Findings for each of the three courses, the Skill Set and Stand Alone Units are outlined in separate sections below.

Summary of Certificate IV (AOD), Diploma of Community Services (AOD) and Diploma of Community Services (AOD/MH)

The Cert IV (AOD) was the most commonly offered AOD course, provided by 76% (N=37) of the 49 respondents (see Figure 2). While thirty seven respondents reported that they offered the Cert IV (AOD), a further five⁶ indicated that they had it on scope but did not offer it.

The Dip CS (AOD) and Dip CS (AOD/MH) were offered by 22% (N=11) and 31% (N=15) of respondents, respectively. While 11 respondents reported that they offered the Dip CS (AOD), a further five indicated that they had it on their scope but did not offer it. Fifteen respondents offered the Dip CS (AOD/MH), and a further five* indicated that they had it on their scope but did not offer it. Most respondents offered more than one qualification.

Respondents indicated that where qualifications on scope were not offered or delivered it was due to a lack of demand for the qualification, lack of funding at a jurisdictional level, or lack of suitable training staff.

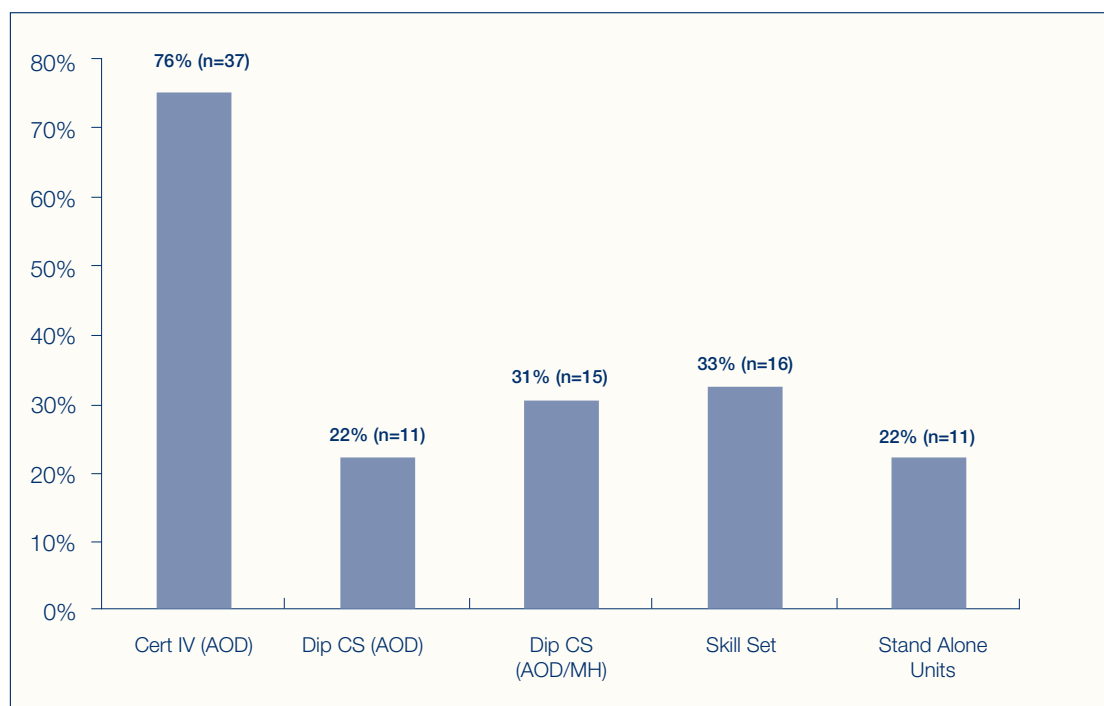


Figure 2. RTO Respondents Offering Cert IV (AOD), Dip CS (AOD), Dip CS (AOD/MH), Skill Set and Stand Alone Units

⁶ Whilst 'five' respondents indicated that they had qualifications on scope but did not deliver them, it was not necessarily the same five providers across each of the qualifications.

Table 3 presents a summary of the salient features of AOD courses. Across all qualifications, respondents reported that most training was delivered in New South Wales, Victoria and Queensland, followed by South Australia.

Student Numbers

Respondents were asked to provide an indication of their student enrolment numbers for each qualification. Not all respondents had access to this data at the time of the survey. Overall, respondents

estimated a total of 3,515 students were enrolled in the five training options. In 2010, CSHISC data showed that there were 2,075 students enrolled in the Cert IV (AOD), 459 were enrolled in the Dip CS (AOD), and 397 in the Dip CS (AOD/MH) (CSHISC, 2011). NCVER data on Skill Set enrolments for 2010 indicated 158 enrolments. Enrolment figures were not available for the Stand Alone Units. Survey respondents' estimated enrolment numbers (Table 3) were reasonably consistent with NCVER's data and indicated that respondents were likely to represent the majority of RTOs providing these qualifications.

Table 3. Summary of Key Features of AOD Training Delivery

AOD Training Delivery		Cert IV (AOD)	Dip CS (AOD)	Dip CS (AOD/MH)	Skill Set	Stand Alone Units
Number and Percentage of RTOs Offering Qualification		37 (76%)	11 (22%)	15 (31%)	16 (33%)	11 (22%)
Primary locations offered	NSW	32%	27%	33%	44%	46%
	NT	3%	9%	—	—	9%
	Qld	19%	36%	20%	31%	18%
	SA	11%	27%	13%	13%	—
	Vic	30%	46%	33%	44%	27%
	Tas	5%	—	7%	6%	—
	WA	5%	9%	7%	6%	—
	ACT	3%	—	—	—	—
	All ¹	14%	9%	20%	6%	—
Mode of delivery	Distance	38%	27%	27%	44%	9%
	Face-to-face	78%	64%	100%	81%	82%
	Online	19%	27%	33%	38%	18%
	RPL/RCC	59%	91%	80%	56%	27%
% of students who gained RPL/RCC	<25%	79%	46%	64%	75%	83%
	<50%	3%	0%	14%	25%	17%
	<75%	15%	18%	7%	—	—
	<100%	3%	36%	14%	—	—
Respondents' estimated enrolment figures 2011		1,540	360	665	500	450
CSHISC enrolment figures 2010		2,075 ³	459 ³	397	158 ²	Not available

1. Organisational registration allowed for delivery in all jurisdictions.

2. Figure provided by NCVER, data not published elsewhere.

3. These figures comprised enrolments in the CHC08 Cert IV (AOD), Dip CS (AOD) and superseded qualifications from the CHC02 including the Cert IV (AOD) and Dip (AOD) (CSHISC, 2011).

Course Structure and Electives

Both the Cert IV (AOD) and the Dip CS (AOD) consisted of core units and electives. There were no electives in the Dip CS (AOD/MH) as all units were core (see Table 4). To complete a qualification, students were required to achieve competency in the specified core units, plus the nominated number of electives.

The Cert IV (AOD) consisted of 16 units; seven core and nine elective. Electives were designated into Groups A, B and C, and generic electives. Group A comprised two units related to first aid training; students complete at least one (see Appendix 2). Group B comprised six units, of which at least one had to be selected. These units addressed skills in relation to dealing with clients, work organisation, infection control and sharing information with other organisations.

Table 4. Course Structure

Qualification	Core units	Elective units	Total
Cert IV (AOD)	7	9	16
Dip CS (AOD)	15	2	17
Dip CS (AOD/MH)	19	—	19

Of the remaining seven electives, the Training Package recommended students undertake one or both of the two Group C electives that related to cultural safety. Respondents indicated that at least one of the Group C units was delivered to most of their students (see Figure 3).

The generic electives consisted of a pool of 67 units. They were divided into areas of specialisation including: working with clients with mental health issues; oral health; financial literacy education; and service delivery (see Appendix 2). Students could transfer credit where they held a prior qualification which shared units in common with the qualification being undertaken. In addition, students could also transfer credit for two further electives from other relevant qualifications. This further reduced the number of units they may need to undertake to complete their qualification.

Students' elective choices were usually governed by a number of constraints, including the availability of units on offer from the RTO with which they were enrolled. Many respondents indicated that they structured students' elective options to meet

workplace or jurisdictional requirements. Employers often specified, in negotiation with their local RTO, the units they wanted pre- or in-service students to complete. This could substantially influence the units offered by most RTOs.

A number of RTOs did not offer any choice of electives for the Cert IV (AOD). In these cases, students were expected to complete the core units of competency from the Cert IV (AOD), plus the core units from another qualification, most often the Cert IV (MH) (see Figure 3). This could result in students graduating with both qualifications, but eliminated students' elective choice. This structure was indicated to be a response to industry or government demand/pressure for AOD workers to acquire knowledge and skills in mental health.

The Dip CS (AOD) comprised 15 core units plus two electives (see Appendix 2). The Training Package recommended that students undertake a cultural competence elective. This generally left students with a single elective choice, which was often determined by their provider or workplace.

Training Delivery Formats

The majority of courses were available in a range of delivery formats, with most providers using blended delivery; that is, a combination of two or more methods. The most common delivery format for all courses was face-to-face (see Table 3). Face-to-face delivery was offered for all Dip CS (AOD/MH) courses. Distance delivery was most prevalent for the AOD Skill Set (44%) and the Cert IV (AOD) (38%).

The availability of RPL varied substantially by course type, and was most commonly available for the Dip CS (AOD) (91%) and Dip CS (AOD/MH) (80%), followed by the Cert IV (AOD) (59%) and the Skill Set (56%). The percentage of students who obtained some or all of their qualification through RPL or RCC varied by qualification, but this pathway was usually utilised by less than 25% of students.

A number of respondents indicated that they did not structure their training around units of competency but rather by 'subjects'. In these instances, qualifications were delivered as a number of subjects (usually four or five) that together covered all of the required core and elective units. This made it difficult for those RTOs to identify students' preferred units. This type of training delivery was generally referred to as subject based delivery. Subject based delivery limited students' choice of electives as students were enrolled in electives determined by the training provider.

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Figure 3. Units of Competency Matrix for AOD and MH Qualifications

*See Appendix 2

Credit Transfer⁷

All providers offered credit transfers across applicable qualifications. Respondents indicated that where students had a pre-existing qualification they could be granted credit transfers for relevant units. For example, where a student had completed a generalist qualification at Cert IV or Diploma level then completed core units in an AOD qualification, they could be granted credit and awarded two qualifications. In some instances, credit transfer could equate to 75% of the qualification (see Figure 3).

Some respondents indicated that this could facilitate students acquiring multiple qualifications if they also undertook relevant core units from other qualifications. Most commonly, students acquired an AOD qualification through credit transfer and completion of a small number of units, in conjunction with a mental health or other community service qualification.

Types of Training Providers

The types of RTO providers which offered Certificate or Diploma courses are shown in Table 5. Just over half the courses were offered by TAFEs, followed by privately owned education and training businesses/centres (14%) and non-government enterprise organisations (11%). Significantly more non-private than private providers offered the Cert IV (AOD) ($r = -.376$; $p = .008$). No other significant associations were found between courses offered and type of organisation.

A correlation analysis was conducted to explore relationships between variables. No significant associations were found between courses offered and years of experience; courses offered and percentage of students achieving accreditation by RPL/RCC; years of experience and type of organisation; type of organisation and whether RPL/RCC specifically addressed cannabis-related issues; courses offered and whether RPL/RCC specifically addressed cannabis-related issues.

Table 5. Provision of Cert IV (AOD) and Dip CS (AOD)/(AOD/MH) by RTO Provider Type

Type of RTO	Courses offered			
	Cert IV (AOD)	Dip CS (AOD)	Dip CS (AOD/MH)	Total
	N (%)	N (%)	N (%)	N (%)
TAFE provider	18 (50%)	6 (55%)	9 (60%)	33 (53%)
Enterprise govt	3 (8%)	1 (9%)	1 (7%)	5 (8%)
Enterprise non-govt	5 (13%)	0 (0%)	2 (13%)	7 (11%)
AOD/Mental Health specific RTO	1 (3%)	1 (9%)	0 (0%)	2 (3%)
Community based adult education provider	3 (8%)	1 (9%)	0 (0%)	4 (6%)
Education & training business/centre privately owned	5 (13%)	2 (18%)	2 (13%)	9 (14%)
Other	2 (5%)	0 (0%)	1 (7%)	3 (5%)
Total	37 (100%)	11 (100%)	15 (100%)	63 (100%)

⁷ Credit transfer involves direct recognition of units obtained in one qualification that are credited towards another qualification.

AOD Skill Set

Sixteen RTOs (33%) reported that their organisation provided the AOD Skill Set. The majority were based in New South Wales (44%) and Victoria (44%). A further four RTOs noted that while the Skill Set was included in their scope, they did not currently deliver it. Among the RTOs that offered the Skill Set, respondents estimated that approximately 500 students were enrolled at the time of the survey. Numbers of enrollees varied from <10 to 150+ students with any one RTO.

Several respondents described the Skill Set as a 'fall back' qualification for students who did not complete the Cert IV (AOD). One respondent was aware of up to 30 students who had enrolled in the Cert IV (AOD), failed to complete it, and exited with the Skill Set.

Some respondents used the Skill Set to train non-AOD workers to assist them to address their clients' drug and alcohol issues. A number of respondents reported that some students who held the Cert IV (AOD) from the CHC02 (the previous version of this qualification) accessed the Skill Set to update their skills and knowledge. They indicated that the elements and underpinning skills and knowledge within the units had changed significantly in the CHC08 qualification.

It was also noted that some students from disciplines such as nursing or social work undertook the Skill Set as they required specific AOD skills, but did not seek or want a full qualification.

'Most students are new workers coming into the AOD sector from other areas. Most have a prior qualification in social work, nursing or community welfare work.' (R31)

The format in which the Skill Set was delivered varied, with most providers offering mixed modes of delivery. Training was delivered face-to-face (81%), by RPL/RCC (56%), by distance delivery (44%), and online (38%). Five respondents reported that they did not offer RPL/RCC for the Skill Set or that it had not been taken up. Of those RTOs who offered RPL/RCC, three quarters stated that less than 25% of their students achieved some or all of their qualification via this pathway (see Table 3).

No organisation awarded the Skill Set on the basis of RPL/RCC alone. However, some respondents suggested that this could occur depending on a student's background and skills. Most noted that if RPL was offered, it would not exceed 50% of the qualification. RPL was nearly always available where students were employed in the AOD field. No pre-service students were reported to have received RPL for the Skill Set.

Funding and Demand

Whilst 16 providers were delivering the Skill Set at the time of the survey, almost double that number said that they would deliver it in the next 12 months if funding and demand existed. For some RTOs, delivery of the Skill Set was constrained by lack of government funding to subsidise student fees. Without such support it was necessary for students or their employing organisation to pay the full fee. In most cases, the student's employing organisation covered the cost of training.

'We offer it and I have had no demand as there is not sufficient funding provided by the state training authority to be able to deliver.' (R13)

'We were considering offering this until we found that the Victorian government won't fund delivery as they require a full qualification. So we could only do this fee-for-service.' (R6)

While a proportion of RTOs believed that there was no demand for the Skill Set, others intended to promote the Skill Set more actively and anticipated greater demand if employing organisations were more aware of it.

Certificate IV in Alcohol and Other Drugs Work

Seventy six percent (N=37) of RTOs offered the Cert IV (AOD). These organisations were primarily located in New South Wales (32%), Victoria (30%), Queensland (19%) and South Australia (11%), with 5% or less in Tasmania, Australian Capital Territory, Northern Territory, and Western Australia. Fourteen percent were registered to deliver it nationally.

The Cert IV (AOD) qualification was the most commonly offered and most frequently taken up course, with approximately 1,540 students reported to be enrolled at the time of the survey. In two jurisdictions (Victoria and the Australian Capital Territory), the Cert IV (AOD) was a mandatory requirement for workers in the alcohol and drugs sector. In other jurisdictions, it served as a default minimum AOD qualification requirement.

In Victoria, the requirement for AOD workers to hold the Cert IV (AOD), irrespective of other qualifications held, was reported to have resulted in a significant market for this course. Many students enrolled in the Cert IV held existing higher education qualifications. One dual sector university offered the Cert IV (AOD) as an option for final year social work students to enable them to meet that state's minimum AOD qualification requirement for the Cert IV (AOD) irrespective of other qualifications held, including higher education.

'Some services require a Cert IV (AOD) as the minimum qualification for practice in particular states and therefore we have people with higher qualifications undertaking the Cert IV (AOD) in these states and we find there is some conflict for these people about the level at which the course is set.' (R49)

Delivery of the Cert IV (AOD) ranged from face-to-face (78%), RPL/RCC (59%), online (19%), to distance (38%). RPL availability varied. Most organisations (79%) reported that less than 25% of their students achieved some or all of the Cert IV by RPL/RCC (see Table 3). Some organisations offered no RPL; reasons included its entry-level qualification status (making it unlikely students would have prior experience) and that most students and/or employers wanted the qualification delivered face-to-face rather than awarded by RPL. The cost of offering RPL was also cited as a disincentive. Students who transferred from other courses, or had prior qualifications, usually received partial RPL, ranging from one or two to a

significant number of units. Students mostly received RPL for general, not AOD-specific, units. One organisation reported delivering the Cert IV (AOD) to higher education qualified students in a jurisdiction that required it as a minimum qualification, and in that instance candidates undertook the qualification completely by RPL.

Dual Qualifications

Provision of training in dual qualifications was commonly noted. Students who enrolled in a dual qualification could circumvent funding restrictions that made it expensive to gain a second Cert IV in some states. A number of respondents indicated that where employers wanted their workforce to have both AOD and MH qualifications, they delivered the Cert IV (AOD) as a dual qualification in conjunction with the Cert IV (MH).

'Driven by the dual diagnosis initiative in Victoria, people are wanting dual capabilities.' (R48)

Two organisations delivered the Cert IV (AOD) in conjunction with a Cert IV (Youth Work). A number of providers also delivered the Cert IV (AOD) in combination with a generalist Cert IV in Community Service Work. Provision of the latter training was especially noted in Victoria where this generalist qualification attracted government funding.

Units and Electives

As noted, the Cert IV (AOD) comprised 16 units, including seven core and nine elective units (see Appendix 2). Many respondents indicated that they did not provide students with choices in regard to electives, as some providers packaged delivery of the Cert IV (AOD) with other qualifications (e.g., Cert IV Mental Health, Youth Work, or Aged Care). Where dual qualifications were delivered, a student's choice of electives was limited. Some respondents indicated that electives were determined in consultation with local service providers/employers, which also limited student choice. A high level of interest in mental health related units was noted, and this was perceived to be driven by employer demand for workers with skills in both AOD and mental health.

Most respondents reported that they required students to complete some mental health electives. This reflected a growing emphasis on comorbidity, particularly in jurisdictions such as Victoria. Most respondents also maintained that mental health units should be included as core units in the Cert IV (AOD).

Respondents noted that while the Cert IV (MH) contained a mandatory AOD unit, the Cert IV (AOD) did not have a commensurate mental health unit.

Respondents were asked to identify the electives offered. The most commonly offered Cert IV (AOD) electives (cited by three or more respondents) are shown in Table 6. This list is indicative not definitive as some respondents were not able to provide detail of all units offered by their organisation. The units

addressing cultural diversity and cultural competence, followed by mental health and clinical skills, were the units most frequently nominated. In addition, a large number of respondents mentioned mental health competencies, but did not cite them by specific unit name/code (therefore they are not shown in Table 6). Overall, mental health topics were identified as the units or electives most commonly offered. Students' interest in child protection (CHCCHILD401A) and youth work units was also noted by providers.

Table 6. Cert IV (AOD) Electives Most Commonly Offered by RTOs

Course Code	Course Name	N*
HLTHIR403C	Work effectively with culturally diverse clients and co-workers	17
CHCMH401A	Work effectively in mental health settings	12
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people	12
CHCAOD406D	Work with clients who are intoxicated	10
CHCMH408B	Provide interventions to meet the needs of consumers with mental health and AOD issues	10
CHCCS422A	Respond holistically to client issues and refer appropriately	7
CHCCS514A	Recognise and respond to individuals at risk	7
CHCMH402A	Apply understanding of mental health issues and recovery processes	7
HLTFA301C	Apply first aid	6
CHCCS403B	Provide brief intervention	5
CHCORG405C	Maintain an effective work environment	5
CHCAOD407D	Provide needle and syringe services	4
CHCAOD409D	Provide alcohol and/or other drug withdrawal services	4
CHCCS401B	Facilitate responsible behaviour	4
CHCCS504A	Provide services to clients with complex needs	4
CHCICS406A	Support client self management	4
CHCMH404A	Conduct assessment and planning as part of the recovery process	4
CHCCS521A	Assess and respond to individuals at risk of suicide	3

* N = number of times this elective was cited by respondents

Respondents were also asked to nominate the units most in demand by students. Table 7 displays the Cert IV electives most in demand, and lists only those courses specifically cited by respondents. Two of the five units most in demand (i.e., HLTHIR403C and HLTHIR404D) were 'Group C' electives. The Cert IV (AOD) Packaging Rules recommended that students select at least one of these two units. CHCMH401A and CHCCS521A, were both drawn from the 'Work with People with Mental Health Issues' electives group, while CHCAOD406D and CHCAOD407D were both drawn from the 'Client Needs' group which were generic electives units.

In addition to the information detailed in Table 7, 11 respondents also highlighted a number of mental health units that were popular among students, but did not specify their specific unit code.

A number of respondents indicated that they did not structure their Cert IV (AOD) training around units of competency but rather used subject based delivery. In these instances, the qualifications were delivered as a number of subjects (usually four or five) that together covered all of the required core and elective units. This made it difficult for those RTOs to identify students' preferred units. Subject based delivery limited students' choice of electives, as students were enrolled in electives determined by the training provider.

Least popular units were reported to be the introductory AOD and MH units and working within a legal and ethical framework. Lack of appeal was attributed to the large size and/or 'dryness' of these units.

Table 7. Cert IV (AOD) Electives Most in Demand by Students

Unit Code	Unit Title	Specific mentions *
CHCAOD406D	Work with clients who are intoxicated	4
HLTHIR403C	Work effectively with culturally diverse clients and co-workers	4
CHCAOD407D	Provide needle and syringe services	4
CHCMH401A	Work effectively in mental health settings	3
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people	3
CHCCS521A	Assess and respond to individuals at risk of suicide	3

* Indicates the number of times this unit was mentioned by RTO respondents as in demand by students.

Future Delivery

Eighty seven percent of RTOs (N=36) planned to offer the Cert IV (AOD) in the next 12 months: 85% intended to offer it face-to-face, 32% by distance, 29% online and 66% by RPL/RCC. Most RTOs indicated that in the foreseeable future they would continue to deliver the same electives that they had offered previously. Several RTOs indicated that determination of electives offered in the future would be subject to the outcomes of discussions with industry and/or employers.

A number of respondents, including several from rural areas, noted growing demand for the Cert IV (AOD) and attributed this to increased alcohol and other drug use, as well as a concomitant growth in AOD services.

‘... there is a very high [demand] indeed to have this qualification delivered here because of the significant drug and alcohol use issues we have locally.’ (R1)

In contrast, two respondents planned to remove the Cert IV (AOD) qualification from their scope due to lack of funding or demand.

Emerging Demand for the Cert IV

One enterprise-based RTO, located within an aged care service, reported recent delivery of the Cert IV (AOD) to students who primarily worked in aged care. They had identified a need for AOD training as they were seeing many more residents coming into aged care with alcohol and drug issues.

Student Cohort Issues

A substantial proportion of pre-service students were reported to have entered training, having been clients of the AOD treatment system.

‘Most of the current Cert IV participants are users, or in recovery, with no prior qualifications.’ (R19)

Respondents indicated that many Cert IV (AOD) students, and/or their family members, had personal issues related to alcohol and other drug use, or came from communities with significant AOD

problems. High attrition rates were noted among these students. It was suggested that attrition may have been due to training content bringing up difficult issues, or the student having resolved their personal AOD use issues, or alternatively having relapsed whilst undertaking training.

‘Most of these people are pre-employment, some have partners with a dependency and others are ex-users.’ (R17)

Respondents noted that some of these students had strong views about alcohol and other drugs that were informed by their personal use and these views were often resistant to the evidence presented in training.

Other Issues

A number of respondents noted that the Cert IV (AOD) was a ‘large’ qualification, and some suggested that it had become less relevant since its recent revision (i.e., the change from CHC02 to CHC08) and incorporation of a number of generic units.

‘The new qualification (Cert IV (AOD)) in the revised training package has diminished the qualification, it has become more generalised and irrelevant units have been introduced. ... A good example is that the revised Cert IV has incorporated the unit of competency on manual handling, however very few AOD workers work in situations where they would regularly lift patients/clients and so this is not relevant’. (R48)

Others argued that in trying to meet the requirements of various stakeholders, the Cert IV (AOD) had become too large to be effectively delivered at this qualification level. It was further suggested that the Cert IV was not sufficiently explicit in terms of what was required in relation to specific knowledge about alcohol and drugs, including cannabis.

Diploma of Community Services (Alcohol and other drugs)

Twenty three percent (N=11) of respondents offered the Diploma of Community Services (Alcohol and other drugs) (Dip CS (AOD)). The state with the largest proportion of RTOs offering this qualification was Victoria (46%), followed by Queensland (36%), New South Wales (27%) and South Australia (27%). No organisations offered the Dip CS (AOD) in the Northern Territory or Tasmania. Nine percent of respondents were registered to deliver it nationally.

Respondents indicated approximately 360 students were enrolled in the Dip CS (AOD) across the 11 organisations delivering it. A further six organisations offered the Dip CS (AOD), or had it on scope, but reported no enrolments.

Of organisations delivering it, six had very small enrolments (< 20 students). Respondents indicated that interest in the Dip CS (AOD) had diminished due to the introduction of the new Dip CS (AOD/MH), which included alcohol and drugs with mental health, and a corresponding demand from industry for this combined qualification:

‘...no one wants this qualification; they all want the joint qualification.’ (R45)

Delivery of the Dip CS (AOD) ranged from RPL/RCC (91%), face-to-face (64%), online (27%), to distance (27%), and RPL was more common for the Dip CS (AOD) than the Cert IV (AOD). Forty six percent of RTOs indicated that less than 25% of students achieved some or all of the Dip CS (AOD) by RPL or RCC (see Table 3).

Students accessed RPL and ‘gap’ training to achieve the qualification in a shorter timeframe. These strategies were most often used by in-service workers.

‘Where students are in-service they usually use units they have acquired through other training as their electives, thus completing them by RPL/ RCC or credit transfer.’ (R41)

Respondents also noted that a number of students used credit transfers from other qualifications to achieve partial completion of the Dip CS (AOD). Where students undertook the Dip CS (AOD), subsequent to completing the Cert IV (AOD) with the same provider, credit was often carried forward for a number of units into the higher qualification, as these qualifications share several core units and a number of electives in common (e.g., cultural diversity, mental

health, client needs/support and oral health units). This enabled students, on completion of the Cert IV (AOD), to fast track through the Diploma.

The majority of students enrolled in the Dip CS (AOD) were employed in the AOD sector. Some respondents indicated that they required students to be working, and/or have significant experience, in the AOD sector before completing the qualification. However, one privately operated RTO respondent indicated that up to 50% of their Diploma students were not working in the AOD sector, but had previously completed a Cert IV (AOD) with their institution and had carried forward credit from the Cert IV (AOD).

Dual Qualifications

As an alternative to offering the new combined Dip (AOD/MH), a number of respondents had tailored their delivery of the Dip CS (AOD) to allow students to complete their studies with dual diplomas in both AOD and MH. Although many respondents planned to deliver the combined Dip CS (AOD/MH) in the coming year, some intended to continue to offer the dual qualifications. This was seen as more flexible and allowed credit for electives that were not included in the new Dip CS (AOD/MH) (see Figure 3). On-going demand for the dual qualifications appeared to be a function of the AOD sector’s preference for a dual qualification (and the skill sets entailed therein) and student self-selection.

‘Subject to demand, most people now do the dual qualification.’ (R23)

Units and Electives

The most popular electives in the Dip CS (AOD) were the mental health units, followed by those addressing clinical issues such as counselling, group work, motivational interviewing and dealing with intoxicated clients.

Respondents indicated that if students had transferred from other courses, were upskilling from the Cert IV (AOD) or gaining a further qualification, credit could be awarded for units previously completed. This made it difficult to identify electives most in demand.

As in the case of the Cert IV (AOD), a number of respondents indicated that they did not structure their training around units of competency but rather by ‘subjects’ that incorporated components from a number of units. In these instances, it was difficult to identify the popular units. Students did not get to choose electives when doing subject based delivery.

Future Delivery

Thirty five percent of RTOs planned to offer the Dip CS (AOD) in the coming 12 months using a range of delivery modes; with 69% providing face-to-face training, 25% offering distance delivery, 25% offering online delivery and 69% incorporating RPL or RCC.

Several providers from Victoria maintained that changes to training funding (e.g., where people with pre-existing qualifications were ineligible for funded training) had resulted in significant reductions in enrolments in Diploma level qualifications.

‘The fees for the students to skill up from the Cert IV (AOD) to the Diploma are approximately \$3500. This has dramatically reduced the number of people we are getting enrolling in the diploma.’ (R19)

One respondent noted that changes in the Training Package had also had a negative impact on enrolments.

‘We have found enrolment numbers had been badly dented by the new Training Package.’ (R32)

Similar comments to those made in relation to the Cert IV (AOD) were made in relation to the Dip CS (AOD):

‘The CHC08 package has gone down to a very generic level... There are only five units that are specifically related to alcohol and other drugs and this really dilutes the specialisation that you would expect from somebody who has a diploma level qualification.’ (R30)

Some organisations anticipated future demand, and indicated that if there was either funded or fee-for-service demand they would deliver the Dip CS (AOD).

Diploma of Community Services (Alcohol, other drugs and mental health)

Thirty one percent (N=15) of RTOs offered the Diploma of Community Services (Alcohol, other drugs and mental health) (Dip CS (AOD/MH)). The course was offered in New South Wales (33%) and Victoria (33%), followed by Queensland (20%), South Australia (13%), Tasmania (7%) and Western Australia (7%). The Dip CS (AOD/MH) was not offered in the Northern Territory or Australian Capital Territory. Twenty percent of respondents were registered to deliver it nationally.

Approximately 665 students were reported to be enrolled in the Dip CS (AOD/MH). All RTOs that offered this course delivered it face-to-face. Other modes of delivery included online (33%), distance (27%) and RPL/RCC (80%).

A further five RTOs stated that while they had the Dip CS (AOD/MH) on scope, they did not deliver it and did not intend to do so. Reasons included:

- funding issues
- a government preference for generic qualifications (especially in Victoria)
- challenges associated with co-delivering AOD and mental health training (e.g., access to qualified teachers)
- low demand.

In relation to RPL, 64% of RTOs noted that less than 25% of students achieved some or all of the Dip CS (AOD/MH) by RPL/RCC (see Table 3). Respondents mainly offered RPL for students completing non-AOD/MH units. Most students received RPL for 2-3 units. Three training providers allowed students to obtain up to 10-12 units via RPL; generally where students were in full-time employment in the AOD or MH sectors, held prior qualifications and had significant experience. Where students held prior qualifications, they could access credit transfer. Only a very small number of students were reported to complete the whole qualification by RPL.

Whilst RPL was commonly offered, students did not always opt to take it. One respondent indicated that the Queensland government policy encouraged RPL for workers employed in the AOD sector. However, this was also a potential source of tension if students expected the whole qualification by RPL but on assessment had to undertake significant gap training.

Respondents indicated that the majority of students undertaking the Dip CS (AOD/MH) were employed in the AOD or mental health sectors. Some students were employed in generalist community sector roles. Others were pre-service Indigenous students completing the qualification as part of a fast track program that incorporated it within a Bachelor of Community Services.

Units and Electives

The Dip CS (AOD/MH) comprised 19 core units and did not include any electives. The qualification required students to undertake the 19 core units as defined in the qualification packaging rules (see Appendix 2). However, where a student had a pre-existing Diploma qualification in either AOD or mental health they could convert the previous qualification to the Dip CS (AOD/MH) by completing six specified units from the other specialisation as detailed in the Dip CS (AOD/MH) (see Appendix 2). Thus, they could be awarded this qualification without completing all core units.

Units identified as most popular were the introductory units (CHCMH501A 'Provide Advanced Supports to Facilitate Recovery' and CHCAOD511B 'Provide Advanced Interventions to Meet the Needs of Clients With Alcohol and/or Other Drug Issues') and those that dealt with complex case issues and comorbidity (e.g., CHCCS504A 'Provide Services to Clients with Complex Needs', and CHCAOD510A 'Work Effectively with Clients with Complex Alcohol and/or Other Drugs Issues'). Respondents indicated that the popularity of units was less dependent on a unit's content than the quality of the trainer (see Part D below).

Future Delivery

Fifty four percent (N=15) of RTOs planned to offer the Dip CS (AOD/MH) in the next 12 months. An additional 10 respondents stated that they would deliver the Dip CS (AOD/MH), contingent upon government funding, fee-for-service delivery or local demand.

All RTOs proposing to offer the Dip CS (AOD/MH) in the future planned to do so using mixed mode delivery. Ninety six percent intended to use face-to-face training, 40% distance delivery, 40% online delivery and 84% RPL or RCC. A number of respondents indicated that further delivery may be impeded by difficulty in accessing appropriately qualified mental health trainers.

'We would be very keen to deliver this. However, we have difficulty in recruiting trainers with appropriate mental health qualifications. We believe there is a very significant demand in this area for this higher level qualification.' (R24)

Two providers foreshadowed that they may not continue to deliver the Dip CS (AOD/MH) due to funding issues. Another provider had considered offering the Dip CS (AOD/MH), but indicated that finding the required placements for students who were not in employment was a significant challenge.

Stand Alone Units of Competency

Twenty two percent (N=11) of respondents reported that their organisation offered Stand Alone AOD Units. Of these, 46% were from New South Wales, 27% from Victoria, 18% from Queensland and 9% from the Northern Territory. Four hundred and fifty students were estimated to be enrolled in Stand Alone Units. All RTOs that offered Stand Alone Units used blended delivery: 82% offered face-to-face delivery, 18% online delivery, 9% distance delivery, and 27% incorporated RPL/RCC.

Availability of RPL for single units was very limited. Eighty three percent of RTOs indicated that less than 25% of students achieved some or all of their Stand Alone Units of competency by RPL/RCC (see Table 3 above).

The most popular Stand Alone Unit was CHCAOD402B, 'Work Effectively in Drug and Alcohol Services'.

There was a statistically significant relationship between the provision of Stand Alone Units of competency and trainers' years of experience. RTOs that offered Stand Alone AOD Units of competency were more likely to have trainers with more years of experience ($r=.303$; $p=.043$).

Of the 11 providers which offered the Stand Alone Units, one had not delivered them. Of the 10 current providers, nine intended to continue to do so. One was not planning to offer Stand Alone Units, as they found it very demanding for little financial return. One respondent who was not a current provider

had identified potential students and intended to deliver Stand Alone Units in the next 12 months. In addition, a further 13 respondents said they would consider delivering them if there was demand. Other respondents reported very little demand for Stand Alone Units.

'We offer them, but they have not been delivered due to a lack of demand.' (R27)

Of the RTOs overall, fifty percent were planning to offer Stand Alone Units of competency in the next 12 months using blended delivery. Of these, sixty five percent were planning to offer face-to-face training, 9% by distance delivery, 17% by online delivery and 30% would offer RPL or RCC.

Respondents indicated that all students undertaking Stand Alone Units were currently in employment or undertaking AOD Stand Alone Units as optional units towards other qualifications.

'About 50% get some of the unit by recognition. All of the students are in employment.' (R2)

Nearly all Stand Alone Units were delivered on a fee-for-service basis with costs mostly met by the employer or student, with a limited amount of government funding available for specific cohorts (such as supported accommodation workers).

'We may do so [deliver] this year on a fee-for-service basis as there is some demand for short workshops to skill up workers from other sectors.' (R24)

One private provider also noted that they had delivered substantial Stand Alone Unit training to the workforces of several organisations on a fee-for-service basis, paid for by the contracting organisations.

PART C Cannabis Training

The survey also focussed on the extent and nature of cannabis content within the five AOD training options examined. A number of key issues were examined, including:

- i. cannabis-specific training
- ii. student interest
- iii. meeting student needs
- iv. Aboriginal and Torres Strait Islander specific issues
- v. current cannabis training content
- vi. RPL and cannabis
- vii. cannabis content changes.

Each of these seven issues are reported on below.

i. Cannabis-Specific Training

Most respondents reported that it was 'very important' for students to learn about cannabis, scoring an average of 4.59 on a five-point scale (1=not at all important and 5=very important) (see Table 8).

While the majority of training providers (96%) considered it important/very important for students to learn about cannabis, they perceived there to be only a moderate level of interest in cannabis among their students. Scope to improve cannabis-related content was indicated, with only 17% of respondents stating that the course fully met student needs in this regard.

Table 8. Perceptions of Cannabis-related Content

Q1	In the AOD field, how important do you personally think it is for students to learn about cannabis in AOD training?						
	1 Not at all important	2	3	4	5 Very important	Mean	N
Number of Responses (%)	0 (0%)	0 (0%)	2 (4.1%)	16 (32.7%)	31 (63.3%)	4.59	49
Q2	What is the level of interest expressed in learning about cannabis by your students?						
	1 Not at all important	2	3	4	5 Very high	Mean	N
Number of Responses (%)	0 (0%)	7 (15.6%)	15 (33.3%)	15 (33.3%)	8 (17.8%)	3.53	45
Q3	Do you think the current courses meet this need?						
	1 Not at all important	2	3	4	5 Fully	Mean	N
Number of Responses (%)	1 (2.2%)	3 (6.5%)	15 (32.6%)	19 (41.3%)	8 (17.4%)	3.65	46

Aspects of cannabis use reported to have relevance for training included:

- the potential for significant harm to the individual, friends and family, and society in general
- links with mental health problems
- changes in the way it was grown and used (e.g., hydroponically or in conjunction with other drugs, respectively) and associated harms.

Risk of harm was identified by most respondents as the key reason to include cannabis-related content in AOD training and they believed students should be better informed about a drug with potential to cause significant harm. Respondents highlighted the need to educate students for professional reasons, as well as to address issues related to their personal drug use.

In terms of professional education, most respondents noted the importance of informing students about the high prevalence of use and the potentially harmful effects of cannabis. Respondents were aware that students would encounter many clients with cannabis-related issues.

As such, they felt it important that cannabis content should be included in AOD training. Respondents noted the widespread myths and misperceptions held about cannabis, not only among students but also among AOD workers and trainers. Some respondents maintained that if students were provided with appropriate knowledge and skills, they may be able to effect changes in AOD workplace attitudes to the drug.

'It is important that students get a good grounding in issues relating to cannabis, as it is the most commonly used drug, apart from alcohol and tobacco.' (R24)

Many respondents believed that the community at large, trainers, and some clinicians downplayed or minimised the impact of cannabis on clients.

'Cannabis is a very underestimated substance by the community...other workers in the field don't take it seriously.' (R19)

Trainers expressed concern about cannabis being presented as a soft, safe or natural drug. One respondent commented that as a recreational drug, cannabis was as accepted as alcohol. Some respondents suggested that cannabis training and resources should be developed that supported a more critical perspective and that highlighted its effects and consequences.

Many respondents also stressed that students should be better educated about cannabis for personal reasons. Respondents stated that most students did not see cannabis as a drug of concern, and they commonly used it themselves. Hence, they felt students should be educated about the harms associated with cannabis to reduce the social acceptance of cannabis use, and also to discourage them from using it.

ii. Student Interest

When asked about student interest in learning about cannabis, most respondents indicated that they saw cannabis as an issue of greater significance than their students. Respondents were generally of the view that a substantial proportion of students had very little interest in this issue.

On average, providers estimated student interest in cannabis to be 3.53 on a five-point scale (see Table 8). Respondents perceived student interest in cannabis to be lower than their own for a number of reasons. They believed that students saw cannabis as a 'soft' drug, and therefore not a priority issue, because of:

- its high social acceptability
- students' own cannabis using experience
- students' belief that cannabis was not as bad or hard as other drugs.

'There is a certain level of interest, but students are much more interested in the more political drugs. Because cannabis has a higher level of acceptance in the community, it is not seen to be of significant concern.' (R9)

Some thought it important that students be made aware of the impact of cannabis beyond health issues, including possible criminal convictions and incarceration, road trauma, and relationship breakdown. Respondents identified that many students also perceived cannabis to be commonly used by poly-drug users, and that students correspondingly saw other drugs as more harmful.

Just over half the respondents (60%; N=21) indicated that student interest in cannabis had changed over time. Of these respondents, 73% (N=16) indicated student interest had increased. The remaining 27% indicated a stable or decreased student interest.

Student interest in cannabis was variable and depended on a number of factors. Increased interest among students was stimulated by knowledge about

the impact of cannabis on brain function, mental health, and effects on the individual user, their family and community. Students were reported to be particularly influenced by training in pharmacology, neurobiology and exposure to clinical practice issues through their course placements.

Student interest was further increased when their perception of cannabis as a soft or safe drug was challenged by the training material.

'There has been a spike in interest because of the recent research which has shown a clear link between cannabis use and mental health issues and this has corresponded with an increase in student awareness and interest in cannabis.' (R7)

iii. Meeting Student Needs

Respondents perceived current training content to only partially meet student needs in relation to cannabis. Respondents recorded an average of 3.65 on a five-point scale in regard to the extent to which current AOD courses met student needs (see Table 8). Conversely, the majority of respondents believed that their own training met their students' need for knowledge, skills and attitude development in relation to cannabis. Students' needs were reported to be more likely to be met if the trainer was interested in cannabis or considered it an important topic.

'It comes down to who is teaching and what is their interest...many of the teachers don't see cannabis as a major drug issue.' (R45)

iv. Aboriginal and Torres Strait Islander Specific Issues

The negative impact of cannabis use was particularly evident in Indigenous communities, and was an issue for several respondents who delivered training in rural and remote locations. Cannabis was reported by a number of survey respondents to have displaced alcohol in locations that had been designated as 'dry areas' and was perceived to be often used in place of alcohol. For instance, respondents in remote and rural locations noted that cannabis use in these settings was very high and often had serious legal consequences. High levels of criminal convictions were reported for cannabis possession, as cannabis was very prevalent in local Aboriginal communities which were alcohol free. One respondent maintained that, in their region, over 70% of inmates in the local detention centre were Aboriginal or Torres Strait Islanders and that most were incarcerated for issues related to alcohol and drugs.

Respondents were especially concerned about the relatively little attention directed towards cannabis and its associated harms in the Training Package. They also expressed concerns about the lack of resources available for the delivery of culturally contextualised training; however some were addressing this issue by working with other organisations including the National Cannabis Prevention and Information Centre (NCPIC) to fill these gaps.

v. Cannabis Training Content

The CHC08 Training Package refers to cannabis only once, in the unit 'CHCCS403B Provide Brief Intervention'. The Range Statement indicates that, 'Reasons for using brief interventions may include: Use of other drugs, such as cannabis, kava or illicit drugs'. There is no other mention of cannabis in the Training Package. Respondents in the present survey were therefore asked: 'which units of competency do you think best address student's knowledge and skills about cannabis?'

Nine units were identified by respondents as having potential to include cannabis course content. Two core units (CHCAOD402B, 'Work Effectively in the Alcohol and Other Drugs Sector' and CHCAOD408A, 'Assess Needs of Clients with Alcohol and/or Other Drugs Issues') were noted as pivotal in relation to knowledge and skills about cannabis. CHCAOD402B was a core unit in all three qualifications whilst CHCAOD408A was a core unit in the Cert IV (AOD). Many respondents welcomed the prospect of the development of new cannabis-related resources designed to improve the training quality of these two core units (CHCAOD402B and CHCAOD408A).

The unit CHCAOD402B, 'Work Effectively in the Alcohol and Other Drugs Sector', was cited by almost half the respondents as the unit they considered they could use to best address students' knowledge and skills in relation to cannabis. One participant noted that this was the only unit in their training where they specifically addressed cannabis. Other respondents commented that this unit provided a 'good grounding' and a 'very broad overview' of cannabis issues. However, others were more circumspect with one trainer (who mainly trained workers in the mental health sector) noting that the focus of their presentation of this unit was primarily on mental health, and as such it was:

'...hard to say whether or not it really addresses students' knowledge and skills about cannabis.' (R9)

The unit, CHCAOD408A, 'Assess the Needs of Clients with Alcohol and/or Other Drug Issues', was cited by 11 respondents to also provide scope to address cannabis-related issues. This unit was reported by some respondents to be particularly useful for challenging students' perceptions about drugs (R24).

CHCAOD406D, 'Work with Clients who are Intoxicated', was noted as a key unit in regard to cannabis training and was cited by eight respondents as also holding potential to address cannabis-related issues.

'...students are really interested in issues of intoxication, economic costs, and the impact of cannabis on clients.' (R14)

One respondent discussed the importance of ensuring that students were able to identify intoxicated clients and make judgments about appropriate interventions.

The units CHCAOD411A, 'Provide Interventions for People with Alcohol and other Drug Issues', CHCMH401A, 'Work Effectively in Mental Health Settings' and CHCMH408B, 'Provide Interventions to Meet the Needs of Consumers with Mental Health and AOD Issues' were each mentioned several times as also offering potential opportunity to address cannabis-related issues.

vi. RPL and Cannabis

Of those RTOs offering RPL, just over half (55%; N=23) indicated that cannabis was not covered in their RPL process (see Table 9). In some cases, this was because:

- questions in the RPL model used did not go down to the level of specific drugs (e.g., R47)
- course content was focussed on 'harder drugs' rather than cannabis and therefore their RPL was focussed on these drugs (e.g., R6, R26, R43, R39).

Forty five percent (N=19) of respondents indicated that where a student was awarded a unit of competency by RPL or RCC, their assessment specifically addressed cannabis knowledge and attitudes.

A number of providers, whose RPL requirement included cannabis, reported that cannabis knowledge and skills would only be assessed in AOD-specific units, not generic units:

'In particular units, yes, that is where these units relate to alcohol and other drugs. Not so much in the generic units...' (R30)

A further nine respondents noted that whether their RPL process addressed cannabis or not was subject to the student identifying cannabis in their RPL submission or the assessor identifying it as a specific requirement. A trainer or assessor could choose not to cover cannabis if a worker was from a sector where it was less likely that cannabis would be an issue of concern or relevance. For example, it was reported that cannabis was less likely to be addressed if a student was working in aged care, compared to an AOD-specific service (R30).

Overall, the subjective and content specific nature of the RPL process, and its inclusion or not of cannabis, was a consistent theme.

'In some cases, yes, we would deal with cannabis in RPL. However, it would be very dependent on a unit or element that they were seeking RPL for, and who was conducting the RPL.' (R9)

'The performance criteria in the units are very generic, and do not direct us specifically to ask questions on cannabis.' (R15)

Respondents stressed how important the knowledge and skills of the trainer/assessor were in relation to cannabis and other drugs in the RPL process.

'...questions are open, so a trainer may ask a student to describe the impacts of a drug, the interventions etc. So, a student could do any drug they knew about. As there is no specific mention of cannabis or other drugs in the units in the Training Package it again becomes very dependent on the staff delivering the RPL.' (R41)

vii. Cannabis Content

Wide differences in the way cannabis was addressed in training were outlined by respondents. Some described how they devoted considerable time and resources to the delivery of cannabis content in light of its high prevalence. Others maintained that proportional time and resources should be allocated according to the prevalence of harms associated with a drug class. In these instances, trainers identified the hierarchy of harmful drugs as alcohol, then tobacco, then cannabis, followed by other less prevalent drugs. In contrast, a number of respondents indicated that they used a 'severity of harm' assessment as the basis for their training emphasis and focus.

Just over half the respondents (62%; N=26) thought that there was a need for more course content on cannabis, and 80% (N=37) indicated that they could identify ways to enhance the coverage of cannabis in the Skill Set, Cert IV (AOD) or the Dip CS (AOD) and Dip CS (AOD/MH).

The majority of respondents expressed interest in providing input into the development of cannabis-specific training and resource development for the Cert IV (AOD) (87%; N=41); the Dip CS (AOD) (80%; N=28); and the Dip CS (AOD/MH) (887%; N=35) (Table 9).

Table 9. Perceived Need to Improve Cannabis-related Content

Cannabis-related survey items	Yes	No	N
Q1 Where a student completes units of competency by RPL/RCC does this assessment specifically address knowledge and attitudes about cannabis?	45%	55%	42
Q2 Do you feel there is a need for more course content on cannabis?	62%	38%	42
Q3 Can you identify ways to enhance the coverage of cannabis in the Skill Set for AOD, Cert IV (AOD), Dip CS (AOD) and/or Dip CS (AOD/MH)?	80%	20%	46
Q4 Would you be interested in providing input into the development of cannabis-specific training and training resources that could be used to enhance training in:			
• Cert IV (AOD)	87%	13%	47
• Diploma of Community Services (AOD)	80%	20%	35
• Diploma of Community Services (AOD/MH)	87%	13%	40

It was frequently noted that individual trainers decided whether or not cannabis content would be included in a course (e.g., R15, R17, R41). Respondents indicated that the quality of delivery was influenced most by the trainer, and especially the trainer's knowledge of and attitudes to cannabis. In particular, the trainer's attitude to cannabis had a significant impact on the content covered in training and the approach to it (e.g., was it perceived to be a hard or 'soft' drug, harmful or benign, important to address, was it made interesting)?

PART D General Findings

A wide array of general issues were raised in relation to AOD training, qualifications and the Training Package, plus a range of emerging considerations. These issues are presented below in two broad categories:

1. training quality
2. emerging challenges.

1. Training Quality

A consistent theme that emerged in relation to all five training options was the issue of quality. Generally, AOD training was reported by respondents to be of good to high quality. Quality was noted to be determined by factors that related to the trainer and training infrastructure. Factors pertaining to trainers included their knowledge and skills. Trainers who had direct client experience were seen to be best placed to offer quality training. Infrastructure factors included the ability to ensure appropriate student placements, the structure and content of the Training Package (i.e., the number and types of units in qualifications and the content of the specific units), and access to training resources in both hard copy and online.

Key factors reported to impact on the quality of training, included:

- i. the structure and content of the **Training Package**
- ii. the calibre of **the trainers**
- iii. access to good quality **resources**
- iv. **student placement**
- v. the **RPL** process.

Each of these is addressed below.

i. The Training Package

There was substantial comment about the Training Package and its shortcomings. A number of respondents had significant reservations about the recently revised Training Package (CHC08). Many respondents had commenced delivery of training when AOD qualifications were initially incorporated within the CHC02 Training Package. The CHC02 was reviewed and superseded by the CHC08 Training Package, which was released in December 2008. Sources of dissatisfaction included changes in the structure and content of the qualifications between the CHC02 and CHC08 iterations of the Training Package. Respondents described these

changes as representing a move from an AOD-specific qualification to a generic qualification.

Respondents were critical of the generic nature of the Training Package and maintained that it:

- contained many general units of competency that did not focus on AOD issues
- lacked clear direction about what should be delivered, which left many of the content decisions up to the individual training organisation or trainer.

A number of concerns were raised which included lack of specific guidance or detail on the elements of competency, Range Statements and essential skills and knowledge required by students in relation to cannabis (and other drugs).

'There is not enough direction in the Training Package and the requirements could be clarified by reviewing the Training Package.' (R17)

These features of the Training Package were seen to contribute to a lack of consistency in training content, delivery and assessment criteria, and thereby potentially compromised the quality and standard of AOD courses offered.

Respondents also suggested that the Training Package lacked essential information about what should be delivered and was not clear in terms of the detail and level of coverage required for any particular drugs. Moreover, it gave no guidance in regard to the way in which a training provider should determine the focus of the training (e.g., by prevalence, risk of harm, student interest, employer need). Hence, the focus of training was very variable and depended on the trainer's knowledge, skills and attitudes, access to resources, as well as student interest and directives from employers.

Many respondents welcomed more guidance than currently offered through the Training Package. One suggestion was for the Training Package to stipulate, the knowledge and skills required in relation to specific drugs (and particularly cannabis) in the assessment requirements. Such stipulation would then flow on to RPL processes, ensuring that where students completed units by RPL they would also have to demonstrate appropriate skills and knowledge, including those that were cannabis-related.

Respondents observed that the learning outcomes and underpinning skills and knowledge in the Training Package had been written in such a way that explicit knowledge of specific drugs was not required on the part of the student. This lack of detail raised the prospect of students being able to complete units or qualifications without demonstrating competence in relation to key drugs of concern, such as cannabis.

Some respondents felt that if the Training Package specified the required skills and knowledge in relation to particular drugs this would better meet their students' needs (R39). The need to restructure the Training Package to make it more coherent, explicit and responsive to students and their workplace AOD requirements was signalled.

'...the CSHISC could look at redeveloping the Training Package, which needs to be more specific.' (R18)

ii. The Trainers

While a range of factors were considered to potentially impact on training quality, respondents consistently identified that the calibre of the trainer was the critical factor in the quality of the training delivered. The quality of training was seen to be contingent upon the skills and characteristics of the trainers.

'[Delivery is] dependent on availability of access to trainers. We have a significant issue with finding good trainers to deliver. Often we are unable to get people with training qualifications released from their client work to deliver.' (R22)

Good trainers were characterised as having:

- recent or current industry experience
- recent and significant clinical experience and as a trainer
- an ability to engage students
- capacity to manage student issues (such as personal AOD use)
- the ability to identify and access good resources.

Many respondents stressed that the knowledge, skills and interests of the trainer were of paramount importance in determining course content and quality.

'... it really depends on who is delivering. Down at that element level, it really depends on the knowledge and skills of the teacher.' (R33)

A number of respondents noted that it was critical to provide on-going professional development for trainers on AOD issues in general, and on specific drugs of concern in particular. Respondents, especially those from rural and remote sites, indicated that the lack of sufficiently well qualified trainers was a significant constraint that often resulted in on-scope qualifications not being delivered. In contrast, where RTOs were able to access good trainers they believed this significantly enhanced the quality of their training.

iii. Resources

In terms of resources, respondents indicated that the ready availability of appropriate resources of a high standard was essential for quality training to occur. Materials such as those produced by NCPIC and Turning Point were noted to be very valuable. Others identified lack of time to find and modify resources was a significant impediment to the delivery of quality training.

A number of providers indicated that, due to their proximity to services that could provide guest speakers, they had access to external presenters. Guest speakers from NCPIC, for example, were noted to make a positive and valued contribution to the courses. Conversely, other respondents noted that their inability to access external presenters and good resources negatively impacted on the quality of their training.

'[It] really depends on the quality of the resources. We have got very good resources and materials from Turning Point and having good resources has made a very big difference in the content and quality of the course.' (R43)

iv. Student Placement

Most courses required an in-situ placement for students. Respondents who could access appropriate placements through their local services indicated this was an important contributor to the viability and quality of their training. However, placements were also identified as a challenge, with relevant placements often hard to secure. Moreover, as placements were not an explicit requirement of the Training Package they were often not pursued by training organisations due to the challenge of accessing them (e.g., R6, R8, R16, R21, R33). Some respondents commented that placements, or access to clinical practice, should be a required element of all AOD training, as placements were seen to be essential to the development of clinical practice skills.

Respondents indicated that the student placement was an important element in the determination of the work-readiness of students on completion of the course. Respondents who offered placements were also more likely to report that students' needs were being met in relation to cannabis issues (e.g., R8, R33), as students on placement were exposed to clients with high levels of cannabis use and its impacts.

v. The RPL Process

A further issue raised in relation to quality of training delivery was that RPL processes were developed at the level of the training organisation and there appeared to be substantial variability in the RPL approaches. This variability included:

- the units that were identified as appropriate for RPL
- whether/what specific drugs were covered
- the latitude that students had in identifying what they would be questioned about
- the lack of any explicit requirements in the units or Training Package that defined what must be covered in an RPL process.

The subjective nature of the process and criteria for assessing and awarding RPL was highlighted as an issue that potentially compromised the quality of qualifications and created variability in student competence.

2. Emerging Challenges

A range of on-going and emerging issues were identified through this study. Three emerging areas that warrant specific attention are mental health, aged care and Indigenous issues and these areas are outlined below.

i. Mental Health

Mental health and comorbidity concerns featured prominently in the interviews with RTO providers. Issues were raised in terms of the importance of addressing mental health content, as well as student and employers' interest and needs in this area.

Some suggested that at least one key mental health unit could be embedded within the AOD qualification's core units (either CHCMH401A & CHCMH408B). It was also suggested that the Cert IV (AOD) and Cert IV (MH) should be merged to create a combined qualification that paralleled the Dip CS (AOD/MH).

A number of respondents highlighted the importance of elective units in mental health in relation to providing students with essential comorbidity-related knowledge and skills.

'Improvements could be made by making better links between mental health issues and cannabis use. The issues relating to dual diagnosis are important and could have a greater focus.' (R47)

ii. Aged Care Workers

While AOD skills and/or qualifications were identified as important for youth work and generalist services (with a number of RTOs providing AOD qualifications at both Cert IV and Diploma levels in combination with youth work and generalist qualifications), aged care workers' training needs were also noted as an emerging trend.

One respondent from an aged care based RTO highlighted a substantial growth in younger clients coming into aged care, mostly men from blue collar backgrounds, with complex alcohol and drug issues. Of most concern were the high levels of alcohol use and associated chronic conditions and high levels of illicit drug use. This created challenges for their workforce which did not have the necessary skills to deal with substance use related problems. As a consequence, they added the Cert IV (AOD) to their scope of registration and delivered it in a manner tailored to suit the needs of workers in their sector.

'Because we're working in the aged care sector there is a lower level use of cannabis in the clients that our workers support. The really big issue is alcohol and we are seeing increasing numbers of people coming into aged care alcohol dependent. There is also a significant emerging issue with people coming into aged care with amphetamine dependency. Many of these are men who have worked in the long haul transport industry and have been long-term users of amphetamine. We are seeing a significant problem with drug-induced acquired brain injury, often resulting in early onset dementia in this group'. (R9)

iii. Indigenous Issues

The Training Package was noted to be particularly ill-equipped to meet the needs of Aboriginal and Torres Strait Islanders working in remote and rural communities. Several respondents reported initiatives were underway to develop culturally appropriate materials and training strategies. Specific developments were occurring in the Northern Territory and Queensland on the development of culturally appropriate training aligned to the qualifications, in collaboration with specialist organisations such as NCPIC and Menzies School of Health Research.

Respondents indicated that cannabis was one of a number of drugs implicated in a complex interplay between alcohol, other drugs and substances such as inhalants among Aboriginal and Torres Strait Islander groups and communities. Where alcohol was hard to access, cannabis use was reported to increase. However, where cannabis and alcohol were hard to access, different issues such as petrol sniffing and kava use emerged. As a result, Aboriginal and Torres Strait Islander students required training that reflected these complex, and fluctuating, substance use relationships that occurred in their communities.



4. Discussion

The VET sector plays a significant role in meeting the training needs of the AOD workforce, offering not only entry level qualifications and on-going training but also higher level diploma qualifications (Pidd et al., 2010).

This report details findings from a national survey of RTO providers offering nationally accredited qualifications relevant to workers in the AOD workforce, or to those with an interest in this area of work. It explored views about the provision of the three key AOD qualifications: Cert IV (AOD), Dip CS (AOD) and the Dip CS (AOD/MH), plus the AOD Skill Set and relevant AOD Stand Alone Units of competency.

RTO providers' views about the level of interest in and demand for training content on cannabis-related issues were also examined.

Representatives from 49 RTOs listed on www.training.gov.au, the database of VET in Australia, that were providers of at least one of the three AOD qualifications participated in the survey, a response rate of 86%. The findings can therefore be interpreted as applicable to the wider field of VET AOD training providers. The survey involved one-on-one telephone interviews with nominated staff from participating RTOs who held positions as trainers, course coordinators, and/or RTO managers/CEO/owners.

A wide range of issues were identified from the study. Important trends in both the types of courses offered and the demand for courses with particular configurations were reported. These emerging trends were not necessarily consistent with the effective upskilling the AOD workforce and building its capacity to implement best practice interventions in the AOD sector. The quality of the training, and in some instances the trainers, was also identified as an important area of concern. This was especially evident in relation to the shift towards the incorporation of mental health training content in AOD qualifications. Factors driving these emerging trends are explored below.

Provision of Courses

The five available AOD training options essentially fell into two categories. The first comprised the three formal qualifications at Certificate and Diploma level. The second category involved less formal courses and offered more flexibility in the form of the fixed four unit 'AOD Skill Set' or individual 'Stand Alone' Units undertaken to acquire skills in a specific area but that did not result in a formal qualification.

Less AOD training was found to be available than suggested by the National Training Database (www.training.gov.au) which indicated the number

of providers eligible to deliver these qualifications. The number of RTOs which actually delivered AOD qualifications was substantially less than the number of RTOs which had the qualifications on scope.

The National Training Database indicated that there were 63 providers of the Cert IV (AOD), 35 providers of the Dip CS (AOD) and 31 providers of the Dip CS (AOD/MH) (Roche & White, 2011). Five RTOs with more than one qualification on scope did not deliver at least one of them. A further nine RTOs indicated that whilst they had one of the three qualifications on scope they had not delivered it and did not intend to do so. These nine RTOs were thereby deemed ineligible to participate in the survey. The National Database overestimated the number of providers and only offered an approximation of the distribution of training nationally. This discrepancy could impact on the way training delivery is funded at a jurisdictional level, as funding bodies may have determined that potential demand was being met in locations when in fact no training had occurred. As a result, students and employers may not be able to access locally based training.

However, the fact that a number of RTOs had the qualifications on their scope, but were not currently delivering them, may signify capacity for growth in the delivery of AOD qualifications if there was an increase in demand or funding.

The most commonly delivered course was the Cert IV (AOD), with 75% of respondents offering this qualification. Respondents estimated that 1,540 students were enrolled in the Cert IV (AOD) in 2011 (CSHISC 2010 data indicated 2,075 enrolments), making it the largest student cohort of any of the AOD qualifications under review.

A factor contributing to the demand for the Cert IV (AOD) was its designation as the minimum AOD qualification in two jurisdictions (Victoria and the Australian Capital Territory). It was also under consideration as the minimum qualification for the AOD sector in Tasmania (Fudge, 2011). The Cert IV (AOD) also operated as a default minimum qualification in a number of other states. In most states, students received support in the form of government funding to undertake this training, making it relatively inexpensive and providing a further inducement to undertake the Cert IV (AOD).

Approximately 360 students were enrolled in the Dip CS (AOD). Enrolments in the Dip CS (AOD) had diminished in recent years; a trend that was predicted to continue. The decline was reported to be driven by two key changes:

- the introduction of a new qualification in the CHC08 released in 2009, the Dip CS (AOD/MH) that offered a dual qualification in AOD and MH, which had become the preferred qualification
- the redirection of funding support to other qualifications. For instance in Victoria, funding was reported to be allocated to the generic Dip CS rather than specialised qualifications, such as AOD qualifications.

Compared to the Dip CS (AOD) nearly twice as many students (N=665) were estimated to be enrolled in the Dip CS (AOD/MH). The combined qualification was assessed by respondents to better meet the needs of workers and the requirements of the AOD sector for staff to have both AOD and mental health skills.

Provision of the AOD Skill Set was not commonly reported, with only 16 providers delivering it at the time of the survey. Reasons for the low level of activity in relation to the Skill Set are unclear, but may derive from the fact that the Skill Set has only been available since the CHC08 was released in 2009 and it had not been widely promoted or adopted. This is consistent with the finding that increased numbers of providers intended to deliver the AOD Skill Set within the next 12 months, if demand existed and/or if they secured the requisite funding. Many respondents also indicated that they would promote the AOD Skill Set in future. Overall, these findings suggest that awareness of the AOD Skill Set has grown in the four years since its inclusion in the CHC08.

In contrast, provision of AOD Stand Alone Units was quite common, likely reflecting a demand for upskilling in defined and specialised areas of competence. A number of RTOs offered Stand Alone Units as part of their suite of training. It appeared that these units were provided primarily to organisations whose staff required professional development to address particular skills gaps. The appeal of the AOD Stand Alone Units derived from the ability to deliver a unit to a targeted group, in a short time frame, to effect practice change or improvement in relation to a specific work role. AOD Stand Alone Units provided upskilling of generalist workers with introductory AOD units and AOD workers with specialist and higher level AOD units.

Mode of Delivery

Face-to-face delivery was the typical form of training delivery, with distance education and online delivery also commonly reported for some courses. Interestingly, face-to-face delivery was more frequently reported for the Dip CS (AOD/MH) than for other courses. This may reflect the greater emphasis on interpersonal and counselling skills which often need face-to-face delivery for optimal skill development. Use of RPL was variable and RPL-related issues are discussed below.

Future Course Delivery Intentions

Demand for the Dip CS (AOD) had decreased since the introduction of the Dip CS (AOD/MH) in 2009 as students and the AOD sector demonstrated a preference for the combined qualification. However, delivery of the Dip CS (AOD/MH) faced some barriers including recruitment of trainers with appropriate experience and qualifications in mental health units. This challenge was particularly evident among organisations which had previously only delivered the Dip CS (AOD) qualification. In some locations, there had been an historical separation of these qualifications, where one RTO delivered AOD and another delivered mental health qualifications. In these situations, delivering the Dip CS (AOD/MH) was structurally difficult; and, given these constraints some RTOs opted to only offer the Dip CS (AOD). This was likely to result in continued delivery of the Dip CS (AOD) in some jurisdictions, despite the decline in demand for this qualification in general.

Diverse Student Cohorts

Students enrolled in AOD qualifications came from diverse backgrounds but largely fell into two groups. One cohort was ex-clients of AOD services or those working from a peer support perspective. A second cohort held pre-existing professional qualifications from a range of disciplines (e.g., social work, nursing, psychology) and were undertaking training to meet minimum qualification requirements, or to professionally upskill with specific AOD units or qualifications. These two groups were distinctly different, and had different training needs, expectations and aspirations. Meeting the needs of the diverse cohorts was a challenge for some RTOs.

Issues sometimes arose when students were undertaking training largely as a result of their own personal AOD experience and/or were ex-clients of

the AOD system. Some of these students may have enrolled as part of their personal recovery, and some were encouraged to do so by their treatment service. For this group of students, training provided a quasi-therapeutic function. Alternatively, AOD training may have been motivated by a desire to help others with issues similar to their own. They were seen to have high levels of empathy with the client group. However, these students were also reported to have high attrition rates that may have been due to the training content bringing up difficult issues, or resolution of their personal AOD problems, or having relapsed whilst undertaking training.

Another cohort of students came with existing qualifications and/or experience in other sectors (e.g., psychology, nursing, health, aged care, youth work, or disability). These students were perceived to have a different approach to AOD work than the ex-client group. They were more likely to hold pre-existing qualifications often at a postgraduate level, had lower attrition rates, and were seeking work or were employed in the AOD sector. They were also reported to be more open to change in relation to their attitudes and practices based on evidence presented in training. These students were most likely to apply for and receive substantial RPL based on their prior qualifications and work experience.

Dual Qualifications

Courses were frequently configured to allow students to acquire more than one qualification. For instance, a student could complete the Dip CS (AOD) and then carry credit from that course into the Dip CS (AOD/MH) or Dip CS (MH) and by completing only a relatively few additional units acquire another, separate qualification.

The Certificate IV in Community Services could be configured in a similar way, with electives for both AOD and MH being undertaken, enabling students to complete AOD and mental health qualifications simultaneously. The award of combined or dual qualifications in this manner was in accord with students' aspirations to acquire multiple qualifications, as well as the AOD sector's preference for workers to develop skills across more than one practice domain. Whilst recognising that clients may have AOD issues without mental health issues, it is very common for AOD clients to have mental health issues. The development of a Cert IV (AOD/MH) would meet the need for workers to develop comorbidity skills.

Some state governments had moved to fund generic qualifications in community services in preference to specialist qualifications. In these circumstances, students undertook a generic qualification in community services work, and then specialised in a particular area of practice by undertaking a Skill Set or industry-specified units. This was seen to address the issue of thin markets (i.e., very few enrolments in industry-specific courses). Rather than enrolling students in a specialised qualification (e.g., an AOD qualification), RTOs enrolled students in a generic qualification. Students could then graduate with one or more qualifications (AOD, mental health, youth work, aged care). This was also seen to meet the government's demand for generalist workers who could be redeployed to other areas of practice quickly and efficiently. However, dissatisfaction by the AOD sector was noted with the provision of generic rather than training tailored to AOD work (Pidd et al., 2010).

The changes in the qualifications entailed in the shift from the CHC02 to the CHC08 were also seen to reflect a move away from specialist to more general qualifications, as the newer qualifications in the CHC08 incorporated more generic units. Not only did this result in a watering down of the AOD course content, it also maximised credit transfer possibilities between courses – further weakening and undermining the integrity of the AOD content of the courses.

Students could RPL or transfer credit and achieve an AOD-specific qualification by completing a limited number of AOD units if another qualification was undertaken at the same level. For example, if a student acquired a community service qualification, they could transfer credit for units to other qualifications which held units in common. A person with a pre-existing qualification could potentially complete an AOD qualification by undertaking a very limited number of units (as few as three or four, depending on the units previously completed). This has given rise to concerns that some people holding 'specialist qualifications' such as AOD qualifications may have completed relatively little training in that area of specialisation (see Figure 3).

As in a previous NCETA study (Pidd et al., 2010), respondents in this study indicated that RTOs and the AOD sector were growing concerned about the 'generalisation' of the qualification:

'...concern was expressed that the introduction of generic topics in the new package (CHC08) has been at the expense of alcohol- and drug-specific topics and content' (Pidd et al., 2010).

Mental Health Focus

An emerging emphasis on mental health was also identified in this study. It manifested in support for dual qualifications in AOD and mental health and in popularity of mental health elective units. In a number of instances, training providers indicated that the emphasis on mental health issues also reflected an emerging jurisdictional focus on comorbidity (i.e., where AOD and mental health problems co-existed within an individual).

Students were particularly interested in mental health electives and many nominated to take these options. Mental health units were reported to be the most commonly delivered and the most popular (in terms of content) electives delivered.

Establishment of a joint Cert IV (AOD/MH) that would parallel the Dip CS (AOD/MH) was supported by a number of respondents. Many students undertook such a qualification by default, as a number of providers delivered sufficient mental health electives within the Cert IV (AOD) to enable students to complete both qualifications simultaneously.

Quality

There is increasing interest in the question of the quality of training provided by the VET sector (DPMC, 2012) as well as the Higher Education sector (Krause, 2012). The emphasis on quality is also a current focus of government in terms of service provision and treatment outcomes and is a pivotal issue of topical interest.

In order to deliver a quality service to clients, staff need appropriate skills and competencies which focus on meeting the clients' needs (Fudge, 2011).

This study highlighted numerous concerns that training providers had in relation to the quality of AOD training provided by the VET sector. These concerns mirror views expressed by managers of AOD services in a previous NCETA study, which found substantial dissatisfaction with VET sector AOD training:

One in five AOD managers were dissatisfied with the VET sectors provision of courses in the area of alcohol and other drugs. Reasons for dissatisfaction included:

- *Poor quality training and assessment*
- *Lack of correspondence between what was learned through training and skills required on the job*

- *Training content being out of date and out of touch with the AOD sector developments*
- *Lack of practical experience/work placements (Pidd et al., 2010).*

Facilitators of quality delivery

Many survey respondents highlighted the issue of quality. Factors that supported and/or improved the quality of training delivery included access to:

- trainers with recent clinical AOD experience
- trainers with highly developed skills in engaging students from a range of backgrounds, including ex-users, peer support workers, higher education qualified professionals and students from other disciplines
- trainers with relevant qualifications and clinical experiences in relation to dual and combined qualifications, especially mental health
- on-going professional development for RTO training staff that was timely, accessible and affordable
- recently developed, easily accessible evidence-informed resources
- adequate funding to deliver the qualifications, Skill Sets and Stand Alone Units
- clear policies and guidance on RPL processes and procedures
- access to high quality external presenters with current service delivery and/or research experience.

Professional Development for Trainers

This study highlighted the need to provide greater focus on the professional development requirements of trainers. Difficulties for trainers included access to professional development, and time to undertake topic-specific resource development and keep up-to-date with emerging issues and trends.

The need for the development and delivery of both face-to-face and online training targeted to RTO trainers was identified in relation to both cannabis-specific and general AOD skills and knowledge.

Recognition of Prior Learning (RPL)

The diversity of approaches to RPL and variability in knowledge and skills assessed gave rise to concerns about the quality of some RPL. Three key concerns arose in relation to RPL:

- Access to and the use of RPL at different qualification levels was very variable with some students not being offered it at all despite indications that they could achieve some of their qualifications through this mechanism if they fulfilled relevant criteria (e.g., they were employed in the sector and/or had prior qualifications in related subjects). Failure to receive RPL extended time in training and potentially increased both direct and indirect costs
- Lack of standardised processes for undertaking RPL in AOD courses, with decisions about what should be assessed made at assessor or student levels
- Lack of guidance on what should be assessed in regard to specific drugs. For example, a student may complete a qualification using RPL and not be assessed in relation to cannabis, despite its high prevalence and concerns associated with its use.

Despite Government policy recommending use of RPL at all VET qualification levels (COAG, 2006 cited in Smith, 2011), a number of respondents indicated that they did not use it at all. Reasons commonly cited for not offering RPL for the Cert IV were that many students were pre-service, without the requisite vocational or life skills, or possessed only non-AOD specific skills of a more generic nature. So, whilst many students may be awarded two or three generic units via RPL, they rarely received RPL for AOD units at Cert IV level. Students who were granted RPL for the whole qualification were mainly those who had completed higher education qualifications in AOD-related courses and were employed in the AOD workforce in jurisdictions where the Cert IV (AOD) was a required minimum qualification.

RPL was offered most frequently for the Dip CS (AOD). This may have been because the Dip CS (AOD) and the Cert IV shared core and elective level units. A Cert IV qualification, employment in the sector or sufficient work experience to indicate likely success in a job role were mandated entry requirements for the Dip CS (AOD) (see Appendix 2). Hence, all students who met the entry requirements for that qualification should be eligible to receive some RPL/RCC.

RPL offered for the Dip CS (AOD/MH) was quite limited. It was a relatively new qualification which incorporated units of competency from diploma level mental health qualifications. As such, while many students gained some generic units through RPL they were less likely to receive RPL for specialist mental health units. A number of respondents indicated that employers of in-service students who completed the Dip CS (AOD/MH) preferred them to do so by face-to-face training rather than complete their qualifications by RPL.

The development of national AOD-specific RPL guidelines that stipulate key knowledge and skills (including cannabis-related) may go some way toward addressing trainer and industry concerns about RPL. This is preferable to each RTO developing and implementing its own RPL procedures.

Whilst a number of jurisdictions have professional development programs for trainers and RTO managers on how to develop and implement RPL, and there are guidelines incorporated in the Australian Qualifications Training Framework (AQTF), it essentially remains an internal process for RTOs. As a result, it is subject to highly variable interpretation and application (Smith, 2011).

Implications that arise from this situation are that:

- two students with similar experiences and backgrounds may encounter significantly differing RPL processes and outcomes resulting in equity and fairness concerns
- RPL developed in isolation from industry input may fail to assess issues considered critical to good practice by the AOD sector
- by limiting RPL, some organisations decrease students' capacity to complete qualifications and increase the impost on employers (e.g., time taken to attend training, backfill to cover workers released to attend training, travel and accommodation costs for rural and remote students)
- RPL processes that lead to the qualification of students who are not work-ready may reduce industry's confidence in both RPL and the wider training system
- RPL may not address specific drugs of concern as RPL content can be driven by both trainers and students, who may not consider particular drugs to be of relevance. In this study, many trainers and students did not consider that cannabis should necessarily be included as a key component in RPL.

Cannabis-related Content

The quality and extent of cannabis coverage in AOD training courses was generally very limited. Inclusion of cannabis-related content was at the discretion of individual trainers and largely reflected their skills and expertise. High regard was expressed for the training delivered by NCPIIC, Turning Point and others. However, respondents from states other than New South Wales and Victoria, and from remote and rural RTOs, indicated they were unable to access much of this training due to constraints such as travel costs and lack of substitute trainers to cover backfill.

Further training resources were welcomed by respondents. Some respondents indicated that development of such resources had commenced and they would be willing to share them with other RTO providers. However, no mechanism existed by which such resources and training materials could be readily shared.

Access to resources to enhance trainers' skills and knowledge in relation to cannabis was highlighted as a priority. Resources should be presented face-to-face at jurisdictional forums, professional development days or provided as distance and online learning modules, accessible to rural and remote trainers.

Current Cannabis Coverage

The Training Package allows for a high level of discretion in regard to course content and structure. There was also considerable flexibility regarding what RTOs chose to deliver in terms of electives and training content.

Coverage of cannabis content within the courses examined in this study was variable, highly disparate and dispersed. Cannabis could be addressed in up to nine different units across the AOD qualifications. While potentially a positive attribute of the courses, wherein scope for inclusion of cannabis content was substantial, it nonetheless appeared to be a major weakness as there was no consistency of cannabis coverage and no specified units within which it must be covered.

Respondents indicated that students' level of interest in cannabis had an impact on the amount of training they provided on cannabis. They indicated face-to-face training involved a lot of group work where students shared their interests and experience. Where students were not interested in cannabis, group work tended to focus on other drugs.

Trainers' attitudes to cannabis appeared to be another factor. Where trainers did not see cannabis as a significant drug of concern, they tended to pay little attention to it and focused on other drugs. The lack of specificity about cannabis in the Training Package also played a significant role in it not being addressed.

The combination of these factors resulted in many students completing AOD qualifications and units with little or no exposure to cannabis content. This is a cause for concern given the prevalence of cannabis use, the risk of harm associated with its use (health, social and legal) and the increasing number of clients presenting to services and seeking assistance to reduce, manage or stop use.

Views about Cannabis (demand and provision of course content)

Respondents saw cannabis-related content in AOD training as 'very important'. However, this was not matched by their perception of students' level of interest, which was seen to be relatively low. Students' low level of interest was attributed to:

- a lack of understanding of the harms associated with cannabis use
- a perception that it was a natural product
- a belief that it was 'soft' or less harmful than 'hard' drugs.

Despite this, most respondents felt that student interest in cannabis was beginning to increase, especially where they were offered up-to-date, evidence-based research presentations by AOD experts and practitioners, and placements in services where cannabis was an issue for presenting clients.

Respondents indicated that their courses only moderately met the cannabis-related training needs of students, and a majority was of the view that there was a need for more cannabis content in the Cert IV (AOD), Dip CS (AOD) and Dip CS (AOD/MH). Risk of potential harm from cannabis was reported to be the main justification for greater coverage within courses. Widespread myths and misperceptions were noted to be held about cannabis, not only among students but also among AOD workers and trainers. Addressing these myths and misconceptions is a key responsibility of AOD trainers. However, it requires support in terms of evidence-based resources and on-going professional development for trainers.

RPL and Cannabis

This study also sought to identify whether or not RPL processes specifically dealt with cannabis. For most RTOs, there was no organisational RPL policy on assessing knowledge, attitudes or skills related to cannabis. Decisions regarding whether or not cannabis was included in the RPL process were most often made by the RPL assessor/trainer or the student. During the RPL process, students usually presented a portfolio that highlighted their skills and knowledge; and this gave them significant control over the content of their assessment.

Many respondents indicated that the focus of their training was often on the 'harder', 'more interesting' or 'more dangerous' drugs. As a result, cannabis-related knowledge and skills were often not assessed in RPL processes.

Where RPL was used, both assessors and students appeared to exercise considerable influence over what was assessed and it would appear that many chose to cover drugs other than cannabis. This appeared to often result in little coverage of cannabis. Student disinterest in learning about cannabis was a key factor in limiting the assessment of cannabis-related knowledge in AOD training. RPL assessment was often based on student generated portfolios of evidence; and where students were disinterested in cannabis, their portfolios and hence, their assessment, reflected that disinterest.

Improving Cannabis Content

Encouragingly, the majority of respondents also reported interest in providing input into the development of cannabis-specific training and resources. Interest levels varied according to course type. The majority of respondents also indicated that they could identify ways to enhance the coverage of cannabis in the Cert IV (AOD), or the Dip CS (AOD) and the Dip CS (AOD/MH) and the Skill Set.

How Much Cannabis Content is Enough?

Under current training arrangements, a student could undertake any of the three main AOD qualifications without reference to the most commonly used illicit drug in Australia; with the justification that it is not interesting or 'dangerous' enough. In part, this

situation derives from the fact that the qualifications do not specify a requirement for knowledge of any drugs in particular other than alcohol and, to a much lesser extent, tobacco which are specifically identified in the Training Package.

Cannabis was only mentioned once in a single unit. The Training Package did not provide a definition of what constituted a drug for the purpose of training in the Range Statements and there were very few mentions of specific drugs in the required skills and knowledge. There was no guidance on how much attention should be paid to any particular drug. This meant that each training provider made independent and subjective decisions about how much cannabis training was sufficient.

In terms of ways to increase cannabis content, a number of respondents preferred that the Training Package offered more direction in regard to the amount or proportion of time to be spent on different drugs. It was noted that the Training Package did not refer to cannabis or any other drug group in any detail.

Whilst a number of respondents indicated that they paid substantial attention to cannabis, many did not. Lack of attention to cannabis was seen by respondents to be a function of it being a 'soft' drug, student interest in harder drugs, its social acceptability, and trainers' focus on other drugs.

If the Training Package stipulated that specific drugs (and particularly cannabis) were required to be covered in the assessment requirements, this would ensure that students were assessed on their knowledge and skills in relation to them. This would flow on to RPL processes, thereby ensuring students who completed units by RPL would have to demonstrate appropriate cannabis-related skills and knowledge.

Given that cannabis is the third most commonly used drug after tobacco and alcohol, and associated with a significant risk of harm, lack of coverage in training programs and RPL processes warrants attention.

Study Limitations

Although this study had a good response rate (86%) allowing findings to be generalised widely it had some limitations. Two groups not included in the current study were RTOs who only offered nationally recognised AOD Skill Set or Stand Alone Units. The Skill Set may have been delivered by

registered providers who had the four units that comprised it on their scope of registration. However, the national database did not identify Skill Set providers specifically (approximately 180). Over 500 organisations had one or more Stand Alone Units on their scope and including this many respondents was beyond the capacity of the study.

Summary

This study provides a snapshot of AOD training at the vocational level in Australia. A number of important issues were raised by respondents in relation to AOD training, training quality, the challenges of meeting industry and students' needs, and cannabis-related content and resources.

Of RTOs eligible to take part in the survey, 86% (N = 49) participated. The majority delivered the Cert IV in AOD (70%), nearly a third delivered the Dip CS (AOD/MH) (31%) and nearly a quarter delivered the Dip CS (AOD) (23%). A third also offered the AOD Skill Set (33%) and nearly a quarter offered Stand Alone Units (22%). In future, delivery of the Cert IV (AOD) was expected to remain stable whilst most respondents intended to deliver the Dip CS (AOD/MH) in preference to the Dip CS (AOD) where funding and access to qualified trainers allowed. It was noted the Dip CS (AOD/MH) was preferred by employers and students.

This study found that most RTOs considered their training to be of good quality. Quality was perceived to be affected by access to skilled and experienced trainers, up-to-date and engaging evidence-informed resources, on-going professional development for teachers, and accessible and engaging external speakers. Rural and remote training providers highlighted the need for online professional development and training resources.

Many respondents identified the need for improvements to the standard of all qualifications delivered to the AOD sector. Respondents raised concerns about the Training Package qualifications, including their structure, the mix of core and elective units and the content of individual units in the qualifications. Revisions warranted included: the need to address comorbidity/mental health issues in all AOD qualifications; guidance on coverage of specific drugs including cannabis; and a reduction in the number of generic units in AOD qualifications.

The majority of respondents noted the importance of providing students with training on cannabis. They indicated that their students were less interested in cannabis than its prevalence warranted. However, student interest increased when they were made aware of the issues that arose from cannabis use. Most respondents (62%) felt that more course content on cannabis was required. Eighty percent could identify ways to increase the coverage of cannabis in training. The majority of respondents indicated an interest in assisting the development of cannabis training resources.

Whilst face-to-face was the most common form of delivery, it was usually in combination with other formats; online, distance and/or RPL. In the majority of cases (55%), RPL did not assess cannabis-related knowledge and skills.

Recommendations

The following recommendations are made to address barriers to the delivery of quality training that met the needs of students and employers.

General recommendations

- Make and/or support representations to the Training Package review process undertaken by the CSHISC on:
 - the need for greater guidance on drugs that should be covered in training, including guidance on the quantum of training in relation to specific drugs, including but not limited to cannabis
 - the development of a new Cert IV (AOD/MH) to reflect the current focus on comorbidity.

- Develop an interactive register of providers of AOD qualifications, with the aim of achieving improved quality and consistency of delivery across the AOD training system, and to enable trainers and RTOs to:
 - exchange resources
 - work collaboratively on the development of training and assessment materials and RPL processes
 - share knowledge and create a platform for problem solving in relation to AOD training delivery
 - identify locally available trainers with qualifications in related areas of practice (e.g., mental health, youth work) who could assist AOD providers deliver dual/combined qualifications.
- Develop and deliver appropriate professional development for RTO trainers and associated staff.

Cannabis-specific recommendations

- Create and/or disseminate resources to provide trainers with essential material to teach and assess knowledge and skills in relation to cannabis. This would include materials to support face-to-face, online and distance delivery and RPL procedures.
- Support professional development for RTO staff to deliver cannabis-related training.
- Establish an RTO network to facilitate the sharing of research, training materials, and assessment processes (including RPL strategies) to enhance the delivery of training on drugs, especially cannabis.



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APPENDICES

Appendix 1:

Survey Tool

A Survey of Registered Training Organisations Offering Alcohol and Other Drug Courses

Thank you for agreeing to participate in this survey. It contains 7 short sections with questions on 1) the Alcohol and Drug Skills Set, 2) the Certificate IV in Alcohol and Other Drugs Work, 3) the Diploma of Community Services (Alcohol and other drugs), 4) the Diploma of Community Services (Alcohol, other drugs and mental health), 5) Stand Alone Units, 6) training on cannabis and 7) some demographic questions.

If you have any questions please contact either Allan Trifonoff on (08) 8201 7511 or email allan.trifonoff@flinders.edu.au or Michael White on (08) 8201 7535 or email michael.white@flinders.edu.au

Do you work for:

- ☐ a TAFE provider
- ☐ an RTO provider
- ☐ Enterprise – Government
- ☐ Enterprise – Non-Government
- ☐ AOD/Mental Health specific RTO
- ☐ Community Based Adult Education Provider
- ☐ Education and Training Business or Centre – Privately Operated
- ☐ Other_____ (please specify)

SECTION 1: ALCOHOL AND OTHER DRUGS (AOD) SKILL SET

1.1 Does your organisation currently offer the Alcohol and Other Drugs (AOD) Skill Set

- ☐ YES (go to Q1.2) ☐ NO (go to Section 1.5)

1.2 In which states or territories does your organisation offer the Skill Set? Please list all.

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

1.3 How is the Skill Set delivered: 1. face-to-face, 2. online, 3. by distance or 4. Recognition of Prior Learning (RPL) or Recognition of Current Competency (RCC)? (you may nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

1.4 If delivery includes RPL/RCC what percentage of students achieve some or all of the qualification by RPL/RCC?

- ☐ <25%
☐ <50%
☐ <75%
☐ <100%

1.5 Is your organisation planning to offer the AOD Skill Set in the next 12 months?

- ☐ YES (go to Q 1.6) ☐ NO (Please go to SECTION 2)

Any comments or clarifications?

1.6 In which states or territories does your organisation plan to offer this?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

1.7 Does your organisation plan to deliver the Skill Set units face-to-face, online, by distance or RPL/RCC? (you may nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

PLEASE GO TO SECTION 2

SECTION 2: CERTIFICATE IV IN ALCOHOL AND OTHER DRUGS WORK (CHC40408)

2.1 Does your organisation currently offer the full Certificate IV in Alcohol and Other Drugs Work?

- ☐ YES (go to Q2.2) ☐ NO (go to Q2.7)

2.2 In which states or territories does your organisation offer this?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

2.3 Is the Certificate IV in Alcohol and Other Drugs Work delivered 1. face-to-face, 2. online, 3. by distance or RPL/RCC? (you may nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

2.4 If delivery includes RPL/RCC what percentage of students achieve some or all of the Cert IV by Recognition of Prior Learning (RPL) or Recognition of Current Competency (RCC)?

- ☐ <25%
☐ <50%
☐ <75%
☐ <100%

2.5 What elective units of competency does your organisation offer for the Cert IV in AOD work?

2.6 Which of those elective units of competency are the most popular among students?

2.7 Is your organisation planning to deliver the full Certificate IV qualification in the next 12 months?

- ☐ YES (go to Q2.8) ☐ NO (Please go to SECTION 3)

Any comments or clarifications?

2.8 In which states or territories does your organisation plan to offer this?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

2.9 Does your organisation plan to deliver the full Certificate IV 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (nominate all that apply)

☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

2.10 What elective units of competency does your organisation plan to offer for the Cert IV in AOD work?

PLEASE GO TO SECTION 3

SECTION 3: DIPLOMA OF COMMUNITY SERVICES (ALCOHOL AND OTHER DRUGS) (CHC50208)

3.1 Does your organisation currently offer the Diploma of Community Services (Alcohol and other drugs)?

☐ YES (go to Q3.2) ☐ NO (go to Q3.7)

3.2 In which states or territories does your organisation offer the Diploma of Community Services (AOD)?

☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

3.3 Is the Diploma of Community Services (AOD) delivered 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (you may nominate all that apply)

☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

3.4 If delivery includes RPL/RCC what percentage of students achieve some or all of the qualification by RPL/RCC?

☐ <25%
☐ <50%
☐ <75%
☐ <100%

3.5 What elective units of competency does your organisation offer for the Diploma of AOD work?

3.6 Which of those elective units of competency are the most popular among students?

3.7 Is your organisation planning to offer the Diploma of Community Services (AOD) in the next 12 months?

- ☐ YES (go to Q3.8) ☐ NO (Please go to SECTION 4)

Any comments or clarification?

3.8 In which states or territories does your organisation plan to offer the Diploma of Community Services (AOD)?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

3.9 Does your organisation plan to deliver the Diploma of Community Services (AOD) 1) face-to-face, 2) online, 3) by distance or 4) by RPL/RCC? (you may nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

3.10 What elective units of competency does your organisation plan to offer for the Diploma of Community Services (AOD)?

PLEASE GO TO SECTION 4

SECTION 4: DIPLOMA OF COMMUNITY SERVICES (ALCOHOL, OTHER DRUGS & MENTAL HEALTH) (CHC50408)

4.1 Does your organisation currently offer the Diploma of Community Services (Alcohol, other drugs & mental health)?

- ☐ YES (go to Q4.2) ☐ NO (go to Q4.7)

4.2 In which states or territories does your organisation offer the Diploma of Community Services (Alcohol, other drugs and mental health)?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

4.3 Is the Diploma of Community Services (Alcohol, other drugs and mental health) delivered 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (you may nominate all that apply)

☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

4.4 If delivery includes RPL/RCC what percentage of students achieve some or all of the Diploma of Community Services (Alcohol, other drugs and mental health) by Recognition of Prior Learning (RPL) or Recognition of Current Competency (RCC)?

☐ <25%

☐ <50%

☐ <75%

☐ <100%

4.5 What elective units of competency does your organisation offer for the Diploma of Community Services (Alcohol, other drugs and mental health)?

4.6 Which of those elective units of competency are the most popular?

4.7 Is your organisation planning to offer the Diploma of Community Services (Alcohol, other drugs and mental health) in the next 12 months?

☐ YES (go to 4.8) ☐ NO (Please go to SECTION 5)

Any comments or clarifications?

4.8 In which states or territories does your organisation plan to offer the Diploma of Community Services (AOD/MH)?

☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states

☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

4.9 Does your organisation plan to deliver the full Diploma Community Services (Alcohol, other drugs and mental health) 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (you may nominate all that apply)

☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

4.10 What elective units of competency does your organisation plan to offer for the Diploma of Community Services (Alcohol, other drugs and mental health)?

PLEASE GO TO SECTION 5

SECTION 5: STAND ALONE AOD UNITS OF COMPETENCY

5.1 Does your organisation offer training in any Stand Alone AOD Units of competency?

- ☐ YES (Go to Q5.2) ☐ NO (Go to Q5.5)

If yes, what Stand Alone Units of competencies from which qualifications are offered by your organisation?

5.2 In which states or territories does your organisation offer Stand Alone Units?

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

5.3 Are these units of competency delivered 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

5.4 What percentage of students would achieve some or all of the units of competency by RPL/RCC?

- ☐ <25%
☐ <50%
☐ <75%
☐ <100%

5.5 Is your organisation planning to offer Stand Alone Units of competency from AOD qualifications in the next 12 months?

- ☐ YES (go to Q5.6) ☐ NO (Please go to SECTION 6)

Any comments or clarification?

5.6 In which states or territories does your organisation plan to offer the Stand alone Units of Competency

- ☐ ACT ☐ NSW ☐ NT ☐ QLD ☐ All states
☐ SA ☐ TAS ☐ VIC ☐ WA

Any comments or clarification?

5.7 Does your organisation plan to deliver these units of competency 1) face-to-face, 2) online, 3) by distance or 4) RPL/RCC? (nominate all that apply)

- ☐ Face-to-face ☐ Online ☐ Distance ☐ RPL/RCC

Any comments or clarifications?

PLEASE GO TO SECTION 6

SECTION 6: CANNABIS

This section contains questions specifically about cannabis-related content in the training you provide.

6.1 In the AOD field, how important do you personally think it is for students to learn about cannabis in AOD training, on a scale of 1 to 5, 1 being none, 5 being very high? (Circle the relevant number)



Any comments or clarifications?

6.2 What is the level of interest expressed in learning about cannabis by your students, on a scale of 1 to 5, 1 being none, 5 being very high? (Circle the relevant number)



Any comments or clarifications?

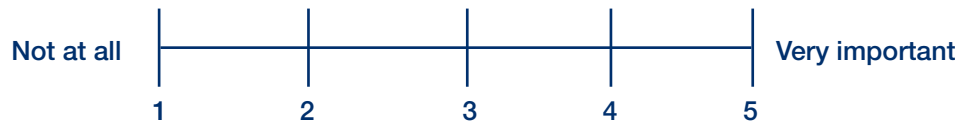
6.3 Has the level of interest in learning about cannabis changed over time amongst your students?

- ☐ Yes ☐ No

6.4 Is it more or less than previously?

☐ More ☐ Less

Please expand and be specific (e.g. time frames).

6.5 On a scale of 1 to 5, 1 being ‘not at all’, 3 being ‘somewhat’ and 5 being ‘fully’, do you think the current courses meet this need? (Circle the relevant number)

Any comments or clarifications?

6.6 Which units of competency do you think best address students’ knowledge and skills about cannabis?

6.7 Where a student completes units of competency by RPL/RCC does their assessment specifically address knowledge and attitudes about cannabis?

☐ Yes ☐ No

If yes please provide details:

6.9 Can you identify ways to enhance the coverage of cannabis in the Skill Set for AOD, Cert IV in AOD Work, Diploma of Community Services (AOD) and/or Diploma of Community Services (AOD/MH)?

☐ Yes ☐ No

If yes please expand?

6.10 Would you be interested in providing input into the development of cannabis-specific training and training resources that could be used to enhance training in:

- a. Certificate IV in Alcohol and Other Drugs Work – (CHC40408)
☐ YES ☐ NO
- b. Diploma of Community Services (Alcohol and other drugs) – (CHC50208)
☐ YES ☐ NO
- c. Diploma of Community Services (Alcohol, other drugs and mental health) – (CHC50408)
☐ YES ☐ NO

Do you have any comments?

6.11 Beyond the Skill Set in AOD, the Cert IV in AOD Work, Diploma of Community Services (AOD) and Diploma of Community Services (AOD/MH), what do you think would be appropriate training and/or professional development opportunities for workers in relation to cannabis use by clients?

6.12 Are there any other comments or observations you would like to make about AOD training and training courses or cannabis training?

PLEASE GO TO SECTION 7

SECTION 7: DEMOGRAPHIC DETAILS

Finally, we would like to ask you some basic demographic questions about yourself.

7.1 How many years of experience have you had in the AOD field and in what capacity?

- | | Years |
|--|-------|
| <input type="checkbox"/> Volunteer | _____ |
| <input type="checkbox"/> Frontline worker | _____ |
| <input type="checkbox"/> Supervisor | _____ |
| <input type="checkbox"/> AOD program manager | _____ |

Any comments or clarifications?

Are you currently a

- ☐ Trainer/Educator
- ☐ Course Coordinator
- ☐ RTO Manager
- ☐ Other _____ (please specify)

7.2 How many years of experience do you have in that role in the AOD field?

_____ Years

Any comments or clarifications?

7.3 What qualifications do you hold?

- ☐ No formal qualifications
- ☐ Trade certificate
- ☐ Certificate II or III
- ☐ Certificate IV in Alcohol and drug work
- ☐ Other TAFE Certificate IV
- ☐ Diploma of Community Services (Alcohol and other drugs)
- ☐ Diploma of Community Services (Alcohol, other drugs and mental health)
- ☐ Other TAFE Diploma
- ☐ Undergraduate Diploma
- ☐ Bachelor Degree
- ☐ Postgraduate qualification

7.4 What state or territory are you based in?

- | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> ACT | <input type="checkbox"/> NSW | <input type="checkbox"/> NT | <input type="checkbox"/> QLD |
| <input type="checkbox"/> SA | <input type="checkbox"/> TAS | <input type="checkbox"/> VIC | <input type="checkbox"/> WA |

7.5 What age category do you belong to?

- ☐ 20-29
- ☐ 30-39
- ☐ 40-49
- ☐ 50 +
- ☐ Prefer not to answer

7.6 Are you:

- ☐ Female ☐ Male

Thank you for taking the time to participate in this survey, it is very much appreciated.

If you have completed this survey in hard copy please return this questionnaire to NCETA by:

Emailing to Allan Trifonoff (allan.trifonoff@flinders.edu.au) or
Michael White (michael.white@flinders.edu.au) or

Faxing to (08) 8201 7550 or

Use the reply paid envelope provided (if this survey was mailed to you) to post back to NCETA.

Appendix 2:

AOD Qualifications

CHC40408 Certificate IV in Alcohol and Other Drugs Work

Description

This qualification covers workers who provide a range of services and interventions to clients with alcohol and other drugs issues and/or implement health promotion and community interventions. Work may take place in a range of contexts such as community based organisations, residential rehabilitation services and outreach services.

This qualification:

- Defines the knowledge and skills for support workers and care workers who work autonomously under the broad guidance of other practitioners and professionals in the community services and health sectors
- Refers to specific knowledge of a client with alcohol and other drugs issues and to appropriate intervention processes applied in residential and community settings.

PACKAGING RULES

16 units are required for the award of this qualification including:

- 7 core units
- 9 elective units

A wide range of elective units is available, including:

- Group A first aid electives of which one unit must be selected for this qualification
- Group B electives of which one unit must be selected for this qualification
- Group C electives which are recommended for culturally aware and respectful practice
- Other relevant electives listed below
- Units of competency to address workplace requirements and packaged at the level of this qualification or higher in Community Services and/or Health Training Packages
- Where appropriate, to address workplace requirements, up to 3 units of competency packaged at this level or higher in other relevant Training Packages or accredited courses where the details of those courses are available on the NTIS or other public listing.

Core Units

CHCAOD402B	Work effectively in the alcohol and other drugs sector
CHCAOD408A	Assess needs of clients with alcohol and/or other drug issues
CHCAOD411A	Provide interventions for people with alcohol and other drug issues
CHCCM404A	Undertake case management for clients with complex needs
CHCCOM403A	Use targeted communication skills to build relationships
CHCCS400B	Work within a relevant legal and ethical framework
CHCOHS312B	Follow safety procedures for direct care work.

Group A First Aid Electives - one unit must be selected for this qualification

One of the following first aid units must be selected for this qualification. (Note: First Aid skills are recommended to be assessed in conjunction with CHCAOD408A and CHCAOD411A - specific unit depends on jurisdiction).

HLTFA301C	Apply first aid
HLTFA402C	Apply advanced first aid (<i>Note pre-requisite: HLTFA301C</i>).

Group B Electives - one unit must be selected for this qualification

One of the following units must be selected for this qualification.

CHCAOD407D	Provide needle and syringe services
CHCAOD409D	Provide alcohol and/or other drug withdrawal services
CHCCS403B	Provide brief intervention
CHCORG405D	Maintain an effective work environment
CHCPROM401B	Share health information
HLTIN301C	Comply with infection control policies and procedures.

The Importance of Culturally Aware and Respectful Practice

All workers undertaking alcohol and other drugs work need foundation knowledge to inform their work with Aboriginal and/or Torres Strait Islander clients and co-workers and with clients and co-workers from culturally and linguistically diverse backgrounds. This foundation must be provided and assessed as part of a holistic approach to delivery and assessment of this qualification. Specific guidelines for assessment of this aspect of competency are provided in the Assessment Guidelines for the Community Services Training Package.

Group C Electives - recommended for culturally aware and respectful practice

Where work involves a specific focus on Aboriginal and/or Torres Strait Islander and/or culturally diverse clients or communities, one or both of the following electives is recommended:

HLTHIR403C	Work effectively with culturally diverse clients and co-workers
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people.

Other Relevant Electives

Electives are to be selected in line with specified Packaging Rules. The following grouping of relevant electives is provided to facilitate selection and does not necessarily reflect workplace requirements. Electives may be selected from one or more groups. Employers may specify that certain electives are required to address specific workplace needs.

Work With People With Mental Health Issues

CHCCS514A	Recognise and respond to individuals at risk
CHCCS521A	Assess and respond to individuals at risk of suicide
CHCMH401A	Work effectively in mental health settings
CHCMH402A	Apply understanding of mental health issues and recovery processes
CHCMH403A	Establish and maintain communication and relationships to support the recovery process
CHCMH404A	Conduct assessment and planning as part of the recovery process
CHCMH405A	Work collaboratively to support recovery process
CHCMH408B	Provide interventions to meet the needs of consumers with mental health and AOD issues
CHCMH411A	Work with people with mental health issues.

Client Needs

CHCAOD406D	Work with clients who are intoxicated
CHCAOD407D	Provide needle and syringe services
CHCAOD409D	Provide alcohol and/or other drug withdrawal services
CHCCH522A	Undertake outreach work
CHCCHILD404A	Support the rights and safety of children and young people
CHCCM501A	Coordinate complex case requirements (<i>Note pre-requisite</i> CHCCM404A)
CHCCS305B	Assist clients with medication (<i>Note pre-requisite</i> HLTAP301B)
CHCCS401B	Facilitate responsible behaviour
CHCCS414A	Provide education and support on parenting, health and well-being
CHCCS417A	Provide support and care relating to suicide bereavement
CHCCS419B	Provide support services to clients
CHCCS422A	Respond holistically to client issues and refer appropriately
CHCCS426A	Provide support and care relating to loss and grief
CHCCS504A	Provide services to clients with complex needs
CHCCS506A	Promote and respond to workplace diversity
CHCDIS301B	Work effectively with people with a disability
CHCDIS410A	Facilitate community participation and inclusion
CHCFAM406B	Engage and resource clients to improve their interpersonal relationships
CHCFAM407B	Work effectively in relationship work
CHCGROUP403D	Plan and conduct group activities
CHCGROUP408B	Facilitate and review a psycho-educational group
CHCGROUP410B	Deliver a structured program
CHCICS405A	Facilitate groups for individual outcomes
CHCICS406A	Support client self management

CHCICS407A	Support positive lifestyle
CHCICS408A	Provide support to people with chronic disease
CHCLLN403A	Identify clients with language, literacy and numeracy needs and respond effectively
CHCPROM503A	Provide community focused promotion and prevention strategies
CHCRF402B	Provide intervention support to children and families
CHCYTH511B	Work effectively with young people and their families
HLTAP301B	Recognise healthy body systems in a health care context.

Service Delivery

BSBINM201A	Process and maintain workplace information
CHCAD401D	Advocate for clients
CHCCD402A	Develop and provide community education projects
CHCCD404D	Develop and implement community programs
CHCCD420A	Work to empower Aboriginal and/or Torres Strait Islander communities
CHCCH426B	Support client participation in the organisation
CHCCHILD401A	Identify and respond to children and young people at risk
CHCCS421A	Undertake community sector work within own community
CHCICS402A	Facilitate individualised plans
CHCNET402A	Establish and maintain effective networks
CHCORG405D	Maintain an effective work environment
CHCPROM401B	Share health information
CHCPROM502B	Implement health promotion and community intervention (Note jurisdictions may have specific first aid requirements)
HLTFA302B	Provide first aid in remote situation (Note pre-requisite HLTFA301C)
HLTFA402C	Apply advanced first aid (Note pre-requisite HLTFA301C).

Financial Literacy Education Electives

CHCFLE301A	Work with clients needing financial literacy education
CHCFLE302A	Educate clients in fundamental financial literacy skills
CHCFLE303A	Educate clients to understand debt and consumer credit.

Settlement Work Electives

CHCSW401A	Work effectively with forced migrants
CHCSW402A	Undertake bicultural work with forced migrants in Australia.

Outreach Work

CHCCH427A	Work effectively with people experiencing or at risk of homelessness
CHCCH522A	Undertake outreach work.

Oral Health

CHCOHC303A	Use basic oral health screening tools
CHCOHC401A	Inform and encourage clients and groups to understand and achieve good oral health
CHCOHC402A	Support and encourage clients and groups to learn practical aspects of oral health care
CHCOHC404A	Recognise and respond to signs and symptoms that may indicate oral health issues.

CHC50208 Diploma of Community Services (Alcohol and other drugs)

Description

This qualification applies to workers providing services to clients in relation to alcohol and other drugs issues.

The qualification:

- Includes counselling, referral, advocacy and education/health promotion services
- Requires high level specialist knowledge, skills and competencies especially in regard to laws affecting clients, the range of services available to them and health issues related to alcohol and drug use and misuse.

Occupational titles may include:

- Alcohol and drugs worker
- Community support worker
- Community rehabilitation and support worker

Entry requirements

To gain entry into this qualification a candidate must:

1. Be recently appointed or currently working in a community support alcohol and other drugs work role and have a relevant recognised higher education or vocational education qualification at Certificate IV or above

OR

2. Be recognised as competent, through a recognised training program or recognition process, against the following qualification (or equivalent):

- Certificate IV in Alcohol and Other Drugs

OR

3. Have sufficient work experience in the relevant sector to indicate likely success at this level of qualification in a job role involving:

- The application of knowledge with depth in some areas and demonstration of a broad range of technical and other skills
- A wide range of tasks and roles in a variety of contexts, with complexity in the range and choices of actions required
- The exercise of discretionary judgment and decision-making under general guidance.

PACKAGING RULES

17 units are required for the award of this qualification including:

- 15 core units
- 2 elective units.

A wide range of elective units is available, including:

- Relevant electives listed below
- Units of competency to address workplace requirements and packaged at the level of this qualification or higher in Community Services and/or Health Training Packages
- Where appropriate, to address workplace requirements, units of competency packaged at the level of this qualification or higher in other relevant Training Packages.

Core Units

CHCAD504A	Provide advocacy and representation services
CHCAOD402B	Work effectively in the alcohol and other drugs sector
CHCAOD510A	Work effectively with clients with complex alcohol and/or other drugs issues
CHCAOD511B	Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues
CHCAOD512A	Develop and implement a behaviour response plan (<i>Note pre-requisite</i> CHCICS305A)
CHCAOD513A	Provide relapse prevention strategies
CHCCOM403A	Use targeted communication skills to build relationships
CHCCS504A	Provide services to clients with complex needs
CHCCW503A	Work intensively with clients
CHCICS305A	Provide behaviour support in the context of individualised plans
CHCMH504D	Provide a range of services to people with mental health issues
CHCORG428A	Reflect on and improve own professional practice
CHCPOL501A	Access evidence and apply in practice
CHCPROM503A	Provide community focused promotion and prevention strategies
HLTOHS401A	Maintain workplace OHS processes.

The Importance of Culturally Aware and Respectful Practice

All workers undertaking mental health and/or alcohol and other drugs work need foundation knowledge to inform their work with Aboriginal and/or Torres Strait Islander clients and co-workers and with clients and co-workers from culturally and linguistically diverse backgrounds. This foundation must be provided and assessed as part of a holistic approach to delivery and assessment of this qualification. Specific guidelines for assessment of this aspect of competency are provided in the Assessment Guidelines for the Community Services Training Package.

Where work involves a specific focus on Aboriginal and/or Torres Strait Islander and/or culturally diverse clients or communities, one or more of the following electives is recommended:

HLTHIR403C	Work effectively with culturally diverse clients and co-workers
HLTHIR404D	Work effectively with Aboriginal and/or Torres Strait Islander people
PSPMNGT605B	Manage diversity.

Relevant Electives

The following grouping of relevant electives is provided to facilitate selection and does not necessarily reflect workplace requirements. Electives may be selected from one or more groups. Employers may specify that certain electives are required to address specific workplace needs.

Electives for Work With People With Mental Health Issues

CHCCM501A	Coordinate complex case requirements (<i>Note pre-requisite</i> CHCCM404A)
CHCMH401A	Work effectively in mental health settings
CHCMH402A	Apply understanding of mental health issues and recovery processes
CHCMH404A	Conduct assessment and planning as part of the recovery process
CHCMH405A	Work collaboratively to support recovery process
CHCMH409A	Facilitate consumer, family and carer participation in the recovery process
CHCMH411A	Work with people with mental health issues
CHCMH501A	Provide advanced supports to facilitate recovery
CHCMH502A	Provide supports for children at risk of mental health problems
CHCMH503A	Provide forensic mental health services.

Client Support Electives

CHCAOD406D	Work with clients who are intoxicated
CHCCM404A	Undertake case management for clients with complex needs
CHCCM705B	Work effectively with carers and families in complex situations
CHCCS305B	Assist clients with medication (<i>Note pre-requisite</i> HLTAP301B)
CHCCS417A	Provide support and care relating to suicide bereavement
CHCCS426A	Provide support and care relating to loss and grief
CHCCSL501A	Work within a structured counselling framework
CHCCSL502A	Apply specialist interpersonal and counselling interview skills
CHCCSL503A	Facilitate the counselling relationship
CHCCSL507A	Support clients in decision-making processes
CHCCSL509A	Reflect and improve upon counselling skills (<i>Note pre-requisites</i> CHCCSL501A, CHCCSL503A, CHCCSL507A)
CHCDFV402C	Manage own professional development in responding to domestic and family violence

CHCDFV505C	Counsel clients affected by domestic and family violence
CHCLLN403A	Identify clients with language, literacy and numeracy needs and respond effectively
HLTAP301B	Recognise healthy body systems in a health care context
HLTIN301C	Comply with infection control policies and procedures.

Team Coordination and Management Electives

CHCINF505C	Meet statutory and organisation information requirements
CHCNET503C	Develop new networks
CHCORG525D	Recruit and coordinate volunteers
CHCORG611B	Lead and develop others in a community sector workplace
CHCORG627B	Provide mentoring support to colleagues.

Problem Gambling Electives

CHCGMB501A	Work effectively in the problem gambling sector
CHCGMB502A	Assess the needs of clients with problem gambling issues
CHCGMB503A	Provide counselling for clients with problem gambling issues.

Social Housing / Homelessness Electives

CHCCH301B	Work effectively in social housing
CHCCH410A	Manage and maintain tenancy agreements and services
CHCCH427A	Work effectively with people experiencing or at risk of homelessness
CHCCH428A	Work effectively within the Australian housing system
CHCCH522A	Undertake outreach work.

Social Diversity and Community Support Work

CHCCD420A	Work to empower Aboriginal and/or Torres Strait Islander communities
CHCCS421A	Undertake community sector work within own community
CHCCS506A	Promote and respond to workplace diversity.

Oral Health

CHCOHC401A	Inform and encourage clients and groups to understand and achieve good oral health
CHCOHC402A	Support and encourage clients and groups to learn practical aspects of oral health care
CHCOHC404A	Recognise and respond to signs and symptoms that may indicate oral health issues.

CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)

Description

This qualification applies to workers providing services to clients in relation to mental health and alcohol and other drugs issues.

The qualification:

- Includes counselling, referral, advocacy and education/health promotion services
- Requires high level specialist knowledge, skills and competencies especially in regard to laws affecting clients, the range of services available to them and health issues related to mental health issues and alcohol and drug use and misuse.

Occupational titles may include:

- Alcohol and drugs worker
- Mental health outreach worker
- Community rehabilitation and support worker
- Mental health rehabilitation support worker
- Community support worker
- Mental health support worker
- Mental health community worker.

Entry requirements

To gain entry into this qualification a candidate must:

1. Be recently appointed or currently working in a community support mental health and/or alcohol and other drugs work role and have a relevant recognised higher education or vocational education qualification at Certificate IV or above

OR

2. Be recognised as competent, through a recognised training program or recognition process, against the core units of competency from one of the following qualifications (or equivalent):

- Certificate IV in Mental Health
- Certificate IV in Alcohol and Other Drugs

OR

3. Have sufficient work experience in the relevant sector to indicate likely success at this level of qualification in a job role involving:

- The application of knowledge with depth in some areas and demonstration of a broad range of technical and other skills
- A wide range of tasks and roles in a variety of contexts, with complexity in the range and choices of actions required
- The exercise of discretionary judgment and decision-making under general guidance.

PACKAGING RULES

19 units are required for the award of this qualification including:

- All 19 core units.

Alternatively, candidates who have already completed requirements for one of the two diploma level qualifications (*CHC50208* or *CHC50308*) may convert their qualification to the *CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)* by completing the electives identified for the 'other' specialisation as outlined below.

- Those holding *CHC50208 Diploma of Community Services (Alcohol and other drugs)* may convert their qualification to *CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)* by completing the electives identified for the mental health specialisation.
- Those holding *CHC50308 Diploma of Community Services (Mental health)* may convert their qualification to *CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)* by completing the electives identified for the alcohol and other drugs specialisation.

Core units

CHCAD504A	Provide advocacy and representation services
CHCAOD402B	Work effectively in the alcohol and other drugs sector
CHCAOD510A	Work effectively with clients with complex alcohol and/or other drugs issues
CHCAOD511B	Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues
CHCAOD512A	Develop and implement a behaviour response plan (Note pre-requisite CHCICS305A)
CHCAOD513A	Provide relapse prevention strategies
CHCCOM403A	Use targeted communication skills to build relationships
CHCCS504A	Provide services to clients with complex needs
CHCCW503A	Work intensively with clients
CHCMH401A	Work effectively in mental health settings
CHCMH402A	Apply understanding of mental health issues and recovery processes
CHCMH404A	Conduct assessment and planning as part of the recovery process
CHCMH409A	Facilitate consumer, family and carer participation in the recovery process
CHCMH501A	Provide advanced supports to facilitate recovery
CHCMH504D	Provide a range of services to people with mental health issues
CHCORG428A	Reflect on and improve own professional practice
CHCPOL501A	Access evidence and apply in practice
CHCPROM503A	Provide community focused promotion and prevention strategies
HLTOHS401A	Maintain workplace OHS processes.

The Importance of Culturally Aware and Respectful Practice

All workers undertaking mental health and/or alcohol and other drugs work need foundation knowledge to inform their work with Aboriginal and/or Torres Strait Islander clients and co-workers and with clients and co-workers from culturally and linguistically diverse backgrounds. This foundation must be provided and assessed as part of a holistic approach to delivery and assessment of this qualification. Specific guidelines for assessment of this aspect of competency are provided in the Assessment Guidelines for the Community Services Training Package.

Conversion Option Mental Health Specialisation

Candidates who have already completed *CHC50208 Diploma of Community Services (Alcohol and other drugs)* must select the following units to convert their qualification to the *CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)*.

CHCMH401A	Work effectively in mental health settings
CHCMH402A	Apply understanding of mental health issues and recovery processes
CHCMH404A	Conduct assessment and planning as part of the recovery process
CHCMH409A	Facilitate consumer, family and carer participation in the recovery process
CHCMH501A	Provide advanced supports to facilitate recovery
CHCPROM503A	Provide community focused promotion and prevention strategies.

Alcohol and Other Drugs Specialisation

Candidates who have already completed *CHC50308 Diploma of Community Services (Mental health)* must select the following units to convert their qualification to the *CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)*.

CHCAOD402B	Work effectively in the alcohol and other drugs sector
CHCAOD511B	Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues
CHCAOD512A	Develop and implement a behaviour response plan (Note pre-requisite CHCICS305A)
CHCAOD513A	Provide relapse prevention strategies
CHCMH504D	Provide a range of services to people with mental health issues
CHCPROM503A	Provide community focused promotion and prevention strategies.

Oral Health

CHCOHC401A	Inform and encourage clients and groups to understand and achieve good oral health
CHCOHC402A	Support and encourage clients and groups to learn practical aspects of oral health care
CHCOHC404A	Recognise and respond to signs and symptoms that may indicate oral health issues.

Appendix 3:

AOD VET Training Providers in Australia¹

	Training Provider	CERT IV AOD Work	DIP CS (AOD)	DIP CS (AOD/ MH)
1.	Aboriginal Health & Medical Research Council of NSW trading as Aboriginal Health & Medical Research Council, Aboriginal Health College	✓	✓	✓
2.	AGB Group Pty Ltd trading as AGB Human Resources	✓	✓	
3.	Alpha to Omega Academy Pty Ltd		✓	
4.	Bendigo Regional Institute of TAFE	✓		
5.	Booroongen Djugun Aboriginal Corporation trading as Booroongen Djugun College	✓		
6.	Canberra Institute of Technology	✓	✓	✓
7.	Central Gippsland Institute of TAFE	✓		✓
8.	Central Institute of Technology	✓		✓
9.	Charles Darwin University	✓		
10.	Chisholm Institute of TAFE trading as Chisholm Institute	✓	✓	✓
11.	Community Services Institute of Training Pty Ltd	✓	✓	✓
12.	Community Training Australia Pty Ltd	✓		
13.	Department of Health and Community Services (NT) trading as Department of Health (NT)	✓	✓	
14.	East Gippsland Institute of TAFE	✓		✓
15.	Focus on Training Pty Ltd	✓		
16.	Geelong Ethnic Communities Council Inc trading as Diversitat	✓	✓	
17.	Goulburn Ovens Institute of TAFE	✓	✓	
18.	Health Skills Australia Pty Ltd		✓	✓
19.	Holmesglen Institute of TAFE trading as Kangan Institute	✓		
20.	Iascent TAFE Pty Ltd trading as IASCEND		✓	
21.	Kangan Batman Institute of TAFE trading as Kangan Institute	✓		
22.	Key 2 Learning Pty Ltd			✓
23.	Life Without Barriers	✓		
24.	Margaret Colleen Downing trading as North Queensland Training Services	✓		
25.	Mental Health Coordinating Council Inc	✓	✓	✓
26.	Minister for Employment, Training and Further Education trading as TAFE SA Adelaide North Institute	✓	✓	✓

¹ As at 30 August 2011, numbers in this table do not relate to respondent numbers in the text.

	Training Provider	CERT IV AOD Work	DIP CS (AOD)	DIP CS (AOD/ MH)
27.	Minister for Employment, Training and Further Education trading as TAFE SA Adelaide South Institute	✓		
28.	Minister for Employment, Training and Further Education trading as TAFE SA Regional	✓	✓	✓
29.	Murray Human Services Incorporated	✓	✓	
30.	Northern Melbourne Institute of TAFE	✓		
31.	NSW TAFE Commission trading as TAFE NSW		✓	✓
32.	Ntirty Pty Ltd	✓		
33.	Odyssey House Victoria trading as Workskills Recognition and Training	✓	✓	✓
34.	Queensland Aboriginal and Torres Strait Islander College for Health Education and Training	✓		
35.	Relationships Australia (SA) Inc trading as Australian Institute of Social Relations	✓	✓	
36.	Royal Melbourne Institute of Technology trading as RMIT University	✓		✓
37.	South West Institute of TAFE		✓	
38.	Swinburne University of Technology	✓		✓
39.	TAFE NSW - Hunter Institute	✓	✓	✓
40.	TAFE NSW - Illawarra Institute	✓		
41.	TAFE NSW - New England Institute	✓		✓
42.	TAFE NSW - North Coast Institute	✓		
43.	TAFE NSW - Northern Sydney Institute	✓	✓	✓
44.	TAFE NSW - Open Training & Education Network	✓	✓	✓
45.	TAFE NSW - Riverina Institute	✓	✓	✓
46.	TAFE NSW - South Western Sydney Institute	✓	✓	
47.	TAFE NSW - Sydney Institute	✓	✓	✓
48.	TAFE NSW - Western Institute	✓		✓
49.	TAFE NSW - Western Sydney Institute	✓	✓	✓
50.	Tasmanian Polytechnic	✓		
51.	Tasmanian Skills Institute trading as The Skills Institute	✓		✓
52.	Teen Challenge International (Queensland) Incorporated trading as Teen Challenge Training	✓		
53.	The Salvation Army Victoria Property Trust trading as Salvation Army Education and Training Services	✓		
54.	Train4Life Pty Ltd trading as Train4Life	✓		

	Training Provider	CERT IV AOD Work	DIP CS (AOD)	DIP CS (AOD/ MH)
55.	Transformations - Pathways to Competence and Developing Excellence Pty Ltd trading as Skills Training Australia	✓	✓	✓
56.	Trustee for the Salvation Army (NSW) Property Trust trading as Booth College	✓		
57.	Uniting Church in Australia Property Trust (NSW) trading as Wesley Mission (Sydney), Wesley Vocational Institute	✓		
58.	Uniting Church in Australia Property Trust (Victoria) trading as Uniting Care - Moreland Hall	✓	✓	
59.	University of Ballarat	✓	✓	✓
60.	Upper Murray Health & Community Services trading as Australian Institute of Flexible Learning	✓	✓	✓
61.	Victoria University	✓		
62.	Vocational Education and Training trading as Metropolitan South Institute of TAFE	✓	✓	✓
63.	Vocational Education and Training trading as Sunshine Coast Institute of TAFE	✓		
64.	Vocational Education and Training trading as The Bremer Institute of TAFE		✓	✓
65.	Vocational Education and Training trading as Wide Bay Institute of TAFE	✓	✓	
66.	Wirraka Maya Health Service Aboriginal Corporation	✓		
67.	Youth Projects Limited	✓	✓	✓
68.	YSAS Pty Ltd	✓	✓	
69.	YWCA NSW	✓		



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